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CONSERVATISM IN GYNÆCOLOGY.

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During the past quarter of a century, and especially during the past ten years, no department of medicine has shown greater activity or made greater advancement than that which embraces the abdominal and pelvic surgery of women. Many diseases which formerly baffled the utmost skill of the physician and surgeon, and which doomed the patient to a life of pain and misery or to certain death, are now treated with a highly satisfactory degree of success; and the lives that have been saved and made bearable by modern gynæcological methods may be counted by thousands.

It would be an invidous task to name those who have earned the world's gratitude by the part which they have taken in this noble work, and I shall not attempt it. But when we recall the fact that Sir Spencer Wells has performed over 2,000 ovariotomies; that Lawson Tait has opened the abdominal cavity over 2,000 times for various purposes; that many other operators, at home and abroad, number their gynæcological operations by hundreds upon hundreds, we cannot but be impressed by the great need for this work, and the incalculable benefit to suffering woman that has resulted from it. No words of praise can adequately meet the deserts of these apostles of humanity. But, as an obverse result of the great success which has been achieved in this direction, there has arisen a class of ambitious imitators, who, actuated by more conceit than conscientiousness, more zeal than judgment, are rapidly bringing discredit upon the honest work of others in the estimation of many who cannot, or at least do not, distinguish between the real and the sham, the true and the false. These persons are apparently afflicted with an uncontrollable itching for rapidly-acquired fame, and seem to think that they can achieve what they desire by beginning where their masters left off. With them, gynæcology no longer includes adequate effort for the cure of disease, it only signifies the art of cutting something out. It is not even necessary for their purposes that the organs and tissues invaded by them should be diseased; it is sufficient if only they have been left by their predecessors. In one instance within my knowledge when a spectator at an oöphorectomy suggested a doubt as to the necessity for the mutilation, the operator audaciously pointed out that the ablated organs were already in a state of incipient cystic degeneration—the

*Read before the Illinois State Medical Society May 15.

proof of the alleged fact consisting in the presence of Graafian follicles in various stages of development.

When a woman has an ovarian cystic tumor rapidly growing, and as certainly as a cancer, though more slowly, urging her towards death; or when she is suffering from the disgusting consequences of a urinary or fecal fistula; or from lacerations of the genitals so extensive as to impair or destroy function; or from various other manifest conditions of the pelvic or other organs attended by detectable alteration of structure, and which surely destroy health, comfort, or life, surgical aid is imperatively demanded and should be promptly rendered. But when operations involving dangers to life, such as laparotomy, are undertaken for the possible relief of vague nervous symptoms, hysteria, epilepsy not clearly of ovarian origin, insanity, or because there *is nothing else to do*, then such operations are improper and should not be made. When a man is nervous or irritable or insane does any one propose castration as a remedy? Would not such operation, although vastly less dangerous than the extirpation of the ovary, be regarded as malpractice? And when a corresponding operation is glibly proposed for a fretful, weak-backed, weak-minded, nervous woman, would not the opinion as to its necessity be greatly modified if the patient were a near relative—a mother, wife, sister, or daughter? And why? Because it is well known that such operations are not always, not even frequently, necessary; that they sometimes kill, and do not by any means generally cure. If any one finds himself in doubt as to the correctness of a conclusion in such a case, or as to his own honesty of purpose, let him take the case home to himself. If this were done there would be a smaller number of uterine appendages removed, a smaller number of hysterectomies performed. But, so long as the reputation of a gynæcologist, as such, is thought to depend upon the number of laparatomies he has done, rather than the number of patients he has cured and saved from mutilation, so long will the meetings of medical societies be enlivened by the presentation of platefuls of preserved ovaries and tubes.

And, in this connection, one cannot fail to be struck with the large percentage of recoveries which follow operations that are naturally dangerous. Whatever the nature of the specimen shown, however great may have been the difficulties of the operation, these latter, says the report, were all overcome, the operation was successful and "the patient doing well." The word "successful" in these cases means, usually, that the patient was not killed during the operation, and has no reference to the effect of the latter upon the condition for which it was done. These reports are sometimes made so soon after an operation that the patient has had no time to die unless from shock, ether-narcosis, or hæmorrhage, and then no report seems necessary. Once, at a meeting of a medical society at which I was present, a fibroid tumor of the uterus was exhibited. The uterus and appendages had been removed by laparatomy a few hours before. The patient was "doing well." Inasmuch as there did not appear to have been any symptoms sufficiently serious to warrant so dangerous an operation, I felt interested in learning the final result, which was that the patient continued to do well until she died six days later. This termination was not reported. An account of the case appeared subsequently in the published transactions of the society, with this heading, substantially, "Successful Removal of a Fibroid Tumor of the Uterus," etc.

This premature reporting of favorable cases (the others are frequently not reported at all) has the effect of misleading inexperienced persons who may feel tempted to repeat what seems to be so simple and beneficial.

It is to be considered, however, that unless such reports were made and speci-

mens exhibited, the world would not know that this particular doctor had done such an operation; and while it is true that the world does not care for the knowledge, and would not be in any way worse for the lack of it, the doctor looks at it from a different standpoint—he wants his name to go into print. What the medical profession wants and needs from each worker in its ranks is a knowledge of the *results*—immediate and remote—of what he does, and such knowledge is always welcomed.

Compared with this unseemly eagerness to report cases, it is instructive and refreshing to read such a paper as that which was presented at the 12th annual meeting of the American Gynæcological Society, in September last, by Dr. Robert Battey, entitled "Battey's Operation, and its Matured Results." It covered the entire experience of the author, extending over a period of 17 years, and included 54 cases in which recovery took place. Of these, the number in which the patient was cured at once was very small. In the majority the patient passed through various climacteric disturbances, and the time which elapsed between the operation and the disappearance of abnormal symptoms varied from one to three, or even five years, thus showing the utter uselessness of reporting the results of removal of the ovaries within a few days or even months after the operation.

A correspondent of the *British Gynæcological Journal* (Nov. 1887) gave some of the results obtained by the late Professor Schroeder, who performed castration on some neurotic women. "In one case, two years after the operation, the woman's sexual appetite was 'completely dead,' but she was suffering from marked vaginismus. In the second case, one year after the operation, all the old cramps returned. The third case did well for some time, but five years after the operation she began to suffer from fainting fits."

Similarly, no good purpose is subserved by reporting a hysterectomy for cancer until sufficient time has elapsed to show the effect of the operation upon the disease.

Do you know to what extent and for what purposes this indiscriminate laparotomy is proposed and performed? Let me cite a few cases that have come under my own observation, all within less than a year.

About nine months ago a gentleman carried a woman in his arms into my office, and after placing her upon a lounge, said, abruptly, "Doctor, I want to know whether you can cure my wife without removing her ovaries." The question was more easily asked than answered, and I deferred giving an opinion until I had an opportunity of investigating the case. The woman was thirty years of age; she had been married eleven years, and had had two children and one miscarriage, the latter having occurred three years before. She was a well-formed, well-nourished woman of medium height, and had a wholesome visage. Menstruation was regular and painless, the functions of the bladder and rectum were normally performed, although there was a tendency to constipation; appetite fair, usually, but capricious. Physical examination revealed a slightly congested lower segment of the uterus, the cervix being somewhat club-shaped owing to a slight laceration of the os uteri, on the inner side of which was a superficial erosion, of no pathological importance. The ovaries and tubes could not be felt, and there was neither swelling nor tenderness in their neighborhood. The woman was fretful, irritable, and lazy, "Only this and nothing more." She had been under medical treatment for various ailments (which she probably did not have) during the last three or four years, and had spent the latter six months under the care of a gynæcologist in Chicago, who had used the regulation hot douches, glycerine tampons, massage, etc., without perceptible result. When the impatient husband asked whether nothing more, or nothing better, could be done, he was told that the only thing that offered relief was the removal of the ovaries. This suggestion did not meet

with a favorable reception on the part of either husband or wife, and was therefore declined.

There was no pelvic disease present, and there was no further pelvic treatment. I will not trouble you with the details of what was done as it is not necessary for my purpose. Suffice it to say, that the patient left the city in a few weeks for her home. About two months ago the husband informed me by letter that his wife was pregnant, and still later, that she seemed very well and was able and willing to do all kinds of light work, and to take moderately long walks.

Again, a young woman, 19 years of age, had been suffering occasionally during several years from irritable bladder. She had been treated by a number of physicians with sometimes temporary benefit. Being finally referred to a gynæcological semi-specialist, he informed her that inasmuch as so many remedies had failed to cure her he would advise the removal of the ovaries. She still has them.

In a third case the patient was 22 years old. Menstruation commenced at 12, but had always been scanty and irregular, appearing at intervals of from six weeks to as many months. Her appetite was poor, complexion sallow, and her face affected with acne. She was advised to have her ovaries and tubes extirpated—with what object I cannot imagine unless it was to transfer them to a bottle or plate.

On May 1, her physician, in reply to a letter, wrote me as follows: "The soft rubber stem was retained for three months, which established her menstruation in much better condition than previous to its introduction—that is, as regards the quantity of the flow. I find she is in very good health compared with what she was last year."

Think of it! Women advised to have important organs removed, the mutilation involving dangerous operations, for the cure of a nervous affection of the bladder, for scanty menstruation dependent upon feeble general health, and for laziness!

At a meeting of the New York Pathological Society, held October 12, 1887, Dr. A. P. Dudley related the case of a woman 51 years of age who had ceased menstruation one year before. For several years she had suffered from pain in the region of the spleen, and an exploratory incision of the abdomen was recommended and performed. Nothing wrong was found with the spleen, and it was permitted to remain; but it was discovered that she had two ovaries with corresponding tubes, and although there was nothing abnormal about either of them they were promptly removed. The reason for this is obscure unless it be viewed in connection with the question gravely propounded by the operator at the close of his report, namely, "How much good can be done by the removal of the tubes and ovaries after the menopause?" The operation was done on the day immediately preceding the report, and although sufficient time had not elapsed to determine how much good it had done in this particular instance, it must have been gratifying to all concerned to know that the patient was "doing well." As there are still a good many women living who have passed the menopause, and who are still complete in their organization, there is a wide field from which to cull material that may afford an answer to this remarkable question.

Does not all this justify a remark recently made by Thomas Kieth (*British Medical Journal*), "In abdominal surgery responsibility seems to have become old-fashioned and gone out of date."

Dr. Horatio R. Bigelow presented a paper upon this subject to the Ninth International Medical Congress, in which, speaking of the dangerous tendency to operative measures, he says: "Who can begin to enumerate the number of cases in which the abdomen has been opened for supposed ovarian diseases, when not a trace of anything pathological was discoverable? Who will write the history of the cases in which perfectly healthy ovaries have been removed, as an offending cause, without one

shadow of improvement in the general condition of the patient? A human being mutilated, deprived of its distinctive characteristics, and rendered miserable! A human life poised between earth and heaven to gratify the bad diagnosis, faulty pathology, or personal conceit of an irresponsible practioner! A human life *sacrificed to ambition upon the operating table!* Do you wonder, can you wonder, in the face of the grinning, horrid, damning facts, some of which are on record, and a host of which hide their ghastliness in dark places, that there should go out throughout the land a cry for conservatism?"

But, while the prevalent fashionable craze in radical gynæcology is laparotomy, there is another which is equally deserving of the bridle and bit. It is the extirpation of the cancerous uterus. The most ghastly chapter in the history of surgery is that which tells the story of the removal of the uterus for cancer. The operation has sacrificed more years of human life needlessly, uselessly, than any other surgical procedure; and it has perhaps never saved a life which was otherwise doomed. Its statistics, favorably distorted as they have been, show worse results, both immediate and remote, than do those of any other effective method of dealing with the disease. The operation has never been justified on the ground that it saved life; but other grounds of justification have been urged which are at least curious and interesting, if nothing else. In the discussion of the subject at the recent International Medical Congress, one of the participants (Dr. Dirner, of Buda-Pesth) held that the operation was a good thing for everybody concerned—for the operator, (whom he praised for his work), for such of the patients as recovered, and for even those who died, for the latter were thus enabled to avoid the painful and disgusting accompaniments of the dreadful malady. Dr. Dirner here struck upon the only firm basis of justifiability, for, if the operation be proper at all, it must be on the ground that it lessens suffering by shortening life. This is legitimate reasoning because it accords with the facts.

Another gentleman,* who had previously published a report of sixty-six operations by American surgeons, with a mortality of nearly 35 per cent., while admitting that such results "would seem to indicate that the operation is an unjustifiable one," excused the unfortunate showing on the ground that many of the operators had had no experience whatever, and others very little in this direction, and *that nothing better therefore should be expected of them!* But, while thus admitting their incompetency he had no word to speak in condemnation of their selfish temerity in thus tampering with the lives of the victims of their ambition. On the contrary, he recommended that, as "practice makes perfect," these men and such as these should go on acquiring experience, because, he added, "Americans have not yet had a fair trial." Here, then, is a new ground of justification—an ethical one—namely, that surgeons ought to learn how to do the operation even though they sacrifice the lives of one-third of their patients in getting the knowledge.

If the soundness of this doctrine were admitted, I fear that a surgeon who felt very eager to remove a uterus might not be over-particular as to the accuracy of the diagnosis. Indeed, as an evidence that this fear is not a fanciful one, I may mention that at a meeting of the Obstetrical Society of New York, held October 4, 1887, Dr. Tuttle cited two cases within his own knowledge in which the uterus had been unnecessarily removed for supposed malignant disease. In one case, in which the patient recovered, the diagnosis of sarcoma was disproved by the microscope; in the other, which terminated fatally, the hæmorrhage was found to have been due to a submucous polypus.

A surgeon who performs a rational operation, however dangerous it may be, having

* Dr. A. Palmer Dudley, *New York Medical Journal*, July 9 and 16, 1887.

for its object the saving or prolongation of a human life, does a commendable act. But if, after such operation has been repeated hundreds of times, by himself and others equally skillful, and the results have shown it to be useless, or still worse, injurious, he should still persist, he ought not to be surprised at drawing censure upon himself, and that doubts should arise among his brethren as to the purity of his motives, or, at least, as to the correctness of his judgment. There was a time when the extirpation of a cancerous uterus was unquestionably justifiable, because, theoretically it offered a better chance for ultimate recovery than any method of treatment hitherto employed; and its greater immediate mortality as compared with that of other methods was not, alone, a valid objection. But when, after hundreds of trials, it was shown to be not only more fatal, but to be followed by no better, or even worse remote results, then, according to all candid reasoning, it should have been abandoned. But it has not been abandoned, and will not be so long as the honest and thoughtful element in the medical profession is not animated by a more actively conservative spirit than it has yet shown. Thus far it has been content to look on and keep silent. The men who are engaged in this objectionable work are the radicals in the gynæcological ranks. Not very long ago they were slitting up wombs; then they began to sew them up; they advised every woman who had a fibroid in the uterus, however harmless it might be, to have it removed—the tumor, or uterus, or both—and they did it, too, whenever they found a consenting victim.

The evils to which I have called attention are, in my judgment, very great. I fear they are growing. A woman has an inalienable right to all the organs with which she has been endowed. She should only be deprived of any of them when it is clear that through disease or faulty function, *otherwise incurable,* her health is seriously impaired or destroyed, or her life imperiled; and only then when the deprivation reasonably promises relief. To those who, from selfish, reckless, or other improper motives, would remove from a woman any of her peculiar organs, I say, in the name of womanhood, in the name of common honesty, in the name of humanity, hands off!

271 MICHIGAN AVENUE.

REPORT OF A CASE OF ABORTION IN THE THIRD MONTH OF GESTATION, WITH RETENTION OF THE PLACENTA FOR FIVE MONTHS WITHOUT SEPSIS.

BY ELBERT WING, A. M., M. D.,
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One of the physicians in whose practice this case occurred is personally known to the writer, in whose opinion there is no reason to doubt the accuracy of the facts as reported. The history of the case, together with the size and nature of the tumor expelled from the uterus, clearly indicate its nature, and this was confirmed by microscopical examination of a small portion. This portion of the tumor, particularly described later in this report, was handed to me with a request for an examination without a knowledge of the case sufficient to even suggest its nature.

The woman was a patient of Drs. Green and Morse, of Shullsburg, Wisconsin, who furnish the clinical history of the case.

Mrs. M., 35 years old, married, has borne six children, and has had several miscarriages. Until the complications associated with this abortion, her menstruation had been normal. Six months prior to the time at which her last pregnancy began, the menstrual hæmorrhage increased notably in quantity, and at times continued almost during the entire month. She thinks conception occurred at the time when this menorrhagia spontaneously ceased, and her pregnancy was normal up to the third month, during which the abortion occurred and the menorrhagia began again. The patient assigns no cause for the abortion.

With a view of controlling the uterine hæmorrhage she was given ergot, but the preparation and dosage are not stated. This hæmorrhage continued for five months, when Dr. Green was consulted.

He "put the patient thoroughly under the influence of the fluid extract of ergot," and twenty-four hours later the tumor was expelled. It is described as "four inches long, one and one-half inches thick, in the shape of a roll, and white in color."

It is now three months since the tumor was expelled, and as far as her physicians know the patient is in good health.

The following description of the piece of the tumor given the writer for examination, was made at the time, and is given here as of interest in the absence of one of the entire mass, which latter is not available.

The piece of tissue has an average thickness of ten millimetres and is irregularly circular in outline. It appears as if cut from a semi-cylindrical mass. The larger cut-surface measures thirty-seven millimetres in its greatest, and thirty-four in its least, diameter. The corresponding measurements of the smaller cut-surface are respectively thirty-four and thirty millimetres.

The *cut-surface* presents a fibrous and granular appearance, and is of a pale pink color. This color is made up by a combination of numerous round white spots which vary from one to three millimetres in diameter, and larger areas, irregular in size and outline, which closely resemble hæmorrhagic spots. Around the edge of this surface there is a band of paler tissue which averages three millimetres in width, but is irregular in outline and has not the appearance of an investing membrane.

The *edge* presents many convolutions and sulci which vary in size aud shape. The sulci vary from mere lines to two and three millimetres in depth. The surface of the edge is slightly rough from the presence of very fine, short fibrous threads, and in general appearance it resembles the uterine surface of a compressed and hardened placenta.

The tissue is easily friable, and when broken reveals a fibrous, stringy, and irregular surface. The small white spots in the cut-surface prove to be the ends of white, round fibres or bands which run obliquely from one surface to the other. These bands are quite tough, somewhat elastic and compressible.

Small pieces of the tissues were imbedded in celloidin, and sections cut both parallel with, and perpendicular to, the cut-surface.

The tissue has undergone retrograde changes to such an extent that the nuclei take the staining reagents poorly, and are of all sizes and irregular in outline. The rest of the tissue is an almost structureless granular mass. Partly owing to irregular refraction of the light, and partly to the arrangement of the staining material used, an appearance is presented in some parts of the sections which strongly suggests the arborescent arrangement of the placental villi. This appearance is best seen in sections cut parallel with the cut-surface. In the other sections there are irregular groupings of spaces of varying shape and size, circular and oval, which resemble a section cut through a bunch of vessels of various sizes.

In both sets of sections the rest of the area is made up principally of granular matter which resembles destroyed blood corpuscles.

Charpentier (Wood's Library, 1887, Vol. II, p. 332) says, "These placenta thus retained for a longer or shorter time in the uterus, may: *a*. Be expelled not altered, not putrid. *b*. Altered and putrid. *c*. With symptons of septic fever. *d*. Without such symptoms. *e*. Absorbed. *f*. Remain indefinitely in the uterus." He quotes Cazeaux, who thinks that "the integrity of vascular connection gives them life, and explains the innocuousness of this prolonged retention." According to Charpentier "Schüller has noted retention for 11 weeks; Metz for two and a half

months; Prost, 103 days; Plasse, 15 weeks; and Reichman, 13 weeks."

It is, of course, a matter of regret that the clinical history of this case is not more fully known, but it is nevertheless thought worthy of record.

3266 COTTAGE GROVE AVENUE.

THE AMERICAN MISTLETOE AS AN OXYTOCIC AND EMMENAGOGUE.

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The American mistletoe, *Phoradendron flavescens* (Nutt.), *Viscum flavescens* (Pursh.), belongs to the *Loranthaceæ*, or mistletoe family, of which there are five or six species in the United States. This, and some other species of America, are sometimes called false mistletoe.

The American mistletoe is an evergreen, shrubby plant, one to three feet high, growing as a parasite on the branches of various trees, chiefly on the black gum and red elm. The brittle stems are jointed and much-branched, with a stiff, leathery or parchment-like foliage of a greenish or yellowish-green color. The leaves are thick, firm, and persistent, abovate or oval in shape, somewhat petioled, longer than the spikes in their axils. Exceptionally, only scales appear in place of leaves.

In the Southern States it flowers in April and May. In California, where there are two varieties of this species, it is said to flower in February and March. The flower is fragrant, having the odor of pond-lilies. Notes on the evolution of the bud and natural history of this plant were kindly furnished me by my friend, Dr. J. Schneck, of Mt. Carmel, Illinois, who is one of the most practical botanists in the State. They were published in the *Botanical Gazette* in 1884.

I am not aware of any experiments made to determine the physiological action of this important drug, but it appears, from clinical observations, to have some decided control over the capillary circulation in general, but especially in the neighborhood of the genito-urinary organs. Indirectly, it seems to have some influence over mucous membrane, particularly in the bladder and urethra. But that the effect upon the capillary circulation is general, is shown in part by the fact that both vesical and cerebral inflammations and conjestions are subdued by the drug.

Dr. W. H. Long considers the mistletoe to be a better remedy, as an oxytocic, than ergot, and claims that it acts more promptly and surely; he says it is an excellent remedy in any form of uterine hæmorrhage, especially in post-partum cases. In cases of labor it should be given in the form of fluid extract, the dose being one drachm every twenty minutes. I would prescribe it under the same precautions as ergot. In menorrhagia the fluid extract may be given in drachm doses four to six times a day.

The value of this drug was first brought to my attention by Dr. J. Schneck. His attention was drawn to it by the use made of it by the "old women" in domestic practice. In the southern part of this State, and perhaps in other localities where it grows in abundance, it is freely used in domestic practice in the form of "tea" for girls who have taken cold and are suffering with suppression of the menses. Dr. Schneck's trial of it justified the common practice. He recommended the plant to me, and my experiments with it corroborated his testimony in its favor. The "tea," or decoction, may be used *ad libitum*.

I used it in one case of orchitis, where there was irritable urethra, and was pleased with its effect. I did not succeed in securing a fluid extract of this drug until three years ago. Since then I have used it constantly in cases of irritable urethra, in cystitis, in congestions and inflammations of the urino-genital organs resulting from exposure to cold, and in those cases of dysmenorrhœa and menorrhagia due to some derangement of the local circulation. I have been so well pleased with the results

following its use that I have seldom thought it necessary to change the treatment. I have tried this remedy in congestive neuralgias of the ovaries and uterus, but the results have not been sufficiently marked to encourage me to recommend the drug in these cases.

EDITORIAL.

AMERICAN MEDICAL ASSOCIATION.

As had been anticipated, the annual meeting of the American Medical Association was, in every way, fully up to the average meetings, and in some respects was one of the best. The attendance was large. The work in the general sessions, embracing the addresses delivered, as well as that of the different sections, proved alike satisfactory to those in attendance. In some of the sections it was more than ordinarily interesting. Without making invidious comparisons yet the results of the experiments of Professor N. Senn, of Milwaukee, in the use of hydrogen gas as a means of diagnosis in penetrating wounds of the abdomen, as reported at the meeting, entitle that report to special mention. If further experience in practice shall verify the results of the experiments made and the conclusions drawn, the work done by Professor Senn will prove a positive addition to our means of diagnosis in an important class of injuries, and will again entitle him to recognition as an investigator.

One of the papers read in the section of medicine, in which much interest was shown, was by Professor V. C. Vaughan, of Ann Arbor, Michigan, on *The Etiology of Typhoid Fever*, in which were given the results of experiments which he had made on dogs with the bacillus found in the water-supply of a family which had suffered from typhoid fever. The bacillus was cultivated and the dogs were inoculated with the cultures, and characteristic symptoms of enteric fever followed, even to perforation of the intestines. If further investigation should reach results coinciding with these, Professor Vaughan will have contributed an etiological fact of even more importance than his discovery of tyrotoxicon in milk and cheese, as a cause of poisoning, for which he was entitled to much credit.

A feature of the exhibits made, which attracted attention and caused manifestations of considerable interest, was the displaying of some of the work of bacteriological laboratories. To a large part of the Association, and of the profession, such work is comparatively unfamiliar, and many were pleased to have an opportunity of witnessing the actual culture of those little enemies of mankind that have in later years commanded so much professional attention.

The display of pharmaceutical preparations at the meeting, as well as of the most recent surgical instruments and apparatus, was probably never exceeded in this country, or any other, unless, perhaps, that at the Ninth International Medical Congress be excepted. It well merited the close inspection it received from a large part of the members in attendance, and gave unmistakable evidence that the allies of the medical profession — the pharmaceutists and the instrument-manufacturers — are keeping fully apace with the rapid advances that are being made in the medical profession.

The selection of Newport, Rhode Island, for the meeting of the Association for next year was commendable for many reasons. For several years its meetings have been held at points so remote from the Northeastern States as to make attendance upon the meetings a matter of great inconvenience for members residing in that section of the country, and consequently the representation has not been large at any of the meetings in recent years. The place of meeting next year will be readily accessible for those resident in most of the Atlantic States.

Again, the matter of social entertainment by the profession, as at St. Louis and Cin-

cinnati, has been so lavish that, pleasant as it was for the visitors' enjoyment, it is made a burden upon the profession at the place of meeting that should not be continued. The meeting at Newport will afford a favorable opportunity of changing the custom of such entertainment by the profession. The social feature of these annual meetings is not the least important of them, but that may be enjoyed without making the meeting a visitation upon the local profession, as is shown in the custom of the British Medical Association of having an annual dinner, which members may attend or not as they may prefer, and, in case of attendance, where each one pays a fixed price for his entertainment, which is as it should be.

The selection of Newport has also ended what had grown to be a source of embarrassment to the Association in determining its next place of meeting. It has been the custom for a number of years for members of the Association to extend an invitation from the profession of the locality in which they resided to hold the next meeting at that place, and the Association had come to regard it as necessary to accept one of the invitations so extended, and not to feel at liberty to select its own place of meeting, partly because of what had become a custom almost as fixed as a law, that the profession of the place selected would feel it incumbent to entertain the Association at least as well as others had done before. The Association is now in a position where it should ignore past precedents, and select that place of meeting which would seem to serve the interests of the Association best, and it should pay its own expenses attending the meeting. If such a course had been adopted before this, fewer of the meetings would have been held in succession in the Mississippi Valley, and thereby an erroneous and unfortunate impression regarding the motives of the Association would have been avoided. The national character of the Association must be preserved, and to that end the best method is to have the Association select its place of meeting, being guided solely in that choice by the best interests of the Association.

CONTAMINATION BY SEWAGE.

The Illinois State Board of Health has begun an investigation in order to determine how far down the Illinois River the water is contaminated by the sewage which is emptied into it at Chicago.

Every one knows that sooner or later the organic matter in contaminated streams is oxidized and removed and the water becomes as pure as before. But how much exposure to the air is required and how long it takes is a matter upon which there is still great difference of opinion among hygienists.

Many of our readers may know that about three years ago a preliminary study was made by Professor J. H. Long in this direction. Many valuable facts were learned from this study, but much was left untouched; for instance, nothing was done to ascertain how much contamination was received from the towns on the banks, or what was the influence of the various tributaries, whether to increase the contamination or to dilute it.

All these subjects will be studied at this time.

In addition to the chemical investigation by Professor Long a biological study will be made by Dr. Lester Curtis.

A part, at least, of the injurious effects of sewage comes from the process of decomposition.

Sewage which has become thoroughly decomposed is harmless; fresh dishwater and slops are also harmless. The same thing can be said of urine and even of nightsoil. It is only while undergoing decomposition that these substances are poisonous, and this decomposition is always accompanied by germs of putrefaction. An attempt will be made by Dr. Curtis to ascertain the number of germs in the various

samples of water, and to ascertain as far as possible their nature. These will serve as an index of the unwholesomeness of the water.

The process used is "plate cultures" on neutral peptonized gelatine. The water, when bad, is diluted with boiled distilled water and a measured quantity is added to the gelatine and then spread over the plates. These are then placed in a culture-chamber and examined from time to time. Every precaution is, of course, taken to avoid mixture with other germs by sterilizing the diluting water, the gelatine, the plates, and other apparatus used.

It is hoped that the whole investigation will lead to facts of practical value as well as of scientific interest. The board is to be commended for its enterprise and public spirit in starting the work.

SOCIETY REPORTS.

AMERICAN MEDICAL ASSOCIATION.

GENERAL SESSION.

FIRST DAY—May 8.

Thirty-ninth annual session was held in Cincinnati, Ohio, May 8, 9, 10, and 11.

The Association was called to order by Professor W. W. Dawson, Chairman of the Committee of Arrangements.

Addresses of welcome were delivered by Mayor Amor Smith, and Professor C. G. Comegys, the former recalling the meetings of the Association in Cincinnati, in 1850 and 1867.

At the close of these addresses some miscellaneous business was transacted, and then

Dr. A. Y. P. Garnett, of Washington, D. C., the President of the Association, delivered an address upon The Mission of the American Medical Association. The address reviewed the history of medical education in the United States, and embodied some propositions intended to advance the standard of medical education, and which would practically place the whole matter in the hands of the American Medical Association. The following is a synopsis of the address:

Our annual meetings must not be regarded solely for the purpose of considering the science of medicine either in its theoretical or practical aspect and supplemented by the pleasures of social intercourse. While we have ample cause to be gratified with the rapid progress made by some departments of medicine in this country within the last decade under the direction and stimulus of this Association, we are still confronted by the fact that very little has been effected in the direction of a general reform in the medical schools.

We all know that this subject of medical education and medical license has been an almost endless theme for discussion, coeval, indeed, with the establishment of medical schools in America, and more particularly has it been earnestly and ably considered since the organization of this Association; yet the question still presents itself, What can the American Medical Association do to further raise and promote a higher standard of medical education in the United States, to curtail the number of medical schools?

Permit me to disclaim here any purpose or desire to impugn the motives or loyalty to our profession of these distinguished representatives of our medical colleges. From my standpoint alone do I offer this hypothetical criticism upon their conduct in this regard; and while I cheerfully concede to them the honor and merit of having largely participated in laying the foundation of this Association, and having subsequently sustained its character, influence, and power as an agent for the general welfare of the medical profession in the United States, I can not permit myself to ignore the fact that they have not, collectively and unitedly, co-operated and wielded the power which they indisputably possess

to advance and elevate our standard of medical education.

While it can not be denied that there are medical colleges in this country unsurpassed by those of Europe in their essential appointments and facilities for the education of medical students, the equally undeniable facts remain that we fall far behind them in the systems of study pursued.

We have waited, and nearly half a century has rolled by in anxious expectation of seeing these educational centres take the initiative in pushing forward this great object, an object which in reality dominated all other considerations at the very birth of this Association. Have those expectations been realized? On the contrary, with a few notable exceptions, they have turned a deaf ear to the repeated suggestions and earnest demands of this body.

That the professions of law and medicine are over-crowded in this country, no man of common observation will deny. The ratio of professional men in the United States to the population exceeds that of any other country in the civilized world, so that any legitimate means of checking this evil which can be devised and carried into practical effect must be hailed by the medical world, as well as the general public, as an inestimable boon.

Inspired by the hope of initiating some practical move in the direction of educational reform, I respectfully submit for your consideration the following suggestions:

Proposition 1. That a standing committee, to be called a committee on legislation, be appointed for each State, Territory, and the District of Columbia, to consist of five members of the medical profession in good standing, three of whom shall have no official connection with any medical school or college, whose duty it shall be to carry out as far as possible the following instructions:

First. That each one of said committees, or a majority thereof, shall attend the sessions of their respective Legislatures, or from time to time as their duties may require, for the purpose of using all honorable means looking to the reduction of the number of medical schools in the United States, and a consequent diminution in the annual number of medical graduates; that as a practical measure to this end they urge the passage of a law requiring that in the future granting of charters for creating medical schools there shall be a clause in every such charter requiring that all schools or colleges thus created shall demand a full term of four years' study before granting a diploma to any student thereof, and that no student shall be admitted to matriculate who has not passed a satisfactory examination, both oral and written, in the ordinary branches of academic study; and further, that any college failing to show a greater number than fifty matriculates annually for three consecutive years shall forfeit its charter and be abolished.

Second. That they use all diligent effort to secure an ordinance creating in each State and Territory where no such board at present exists, and the District of Columbia, a board of medical examiners, which shall have no connection with any medical school, and which shall be required to examine all applicants for license to practice medicine in their respective States, Territories, and the District of Columbia; and that any person who may be detected in practicing any branch of the healing art without a license granted by said board, shall be subject to such penalties as the law may provide. That this committee may be authorized by statute to select and nominate to the Governors of the States, Territories, and the District of Columbia seven competent and learned members of the medical profession to constitute said Board of Examiners, who shall have the exclusive power to issue licenses to practice the art and science of medicine and surgery.

Third. That the chairman of said committees of five be required to submit at each annual meeting of this Association a

report embracing a full statement of what has been accomplished by each.

Proposition 2. That the faculties of the several medical schools within the limits of the United States be once more urgently requested to call a convention at some central point, for the purpose of consultation and adopting some general and uniform system of medical education more comprehensive and rigid in its requirements, and more in accord with the spirit of the age and the advanced progress of medical science, suggesting a four years' term of study, the requirement of a preliminary education, including some knowledge of the classics.

That any college or school which shall refuse to enter into such an arrangement as may be decided upon by said convention shall be excluded from all connection with the American Medical Association, and its alumni not recognized as members of the regular profession.

I am aware that these suggestions embrace some very radical and seemingly impracticable changes; but as they point, in my judgment, to the right direction, I trust that they may not prove to be seeds sown upon barren soil. Be that as it may, I shall at least enjoy the consciousness of having honestly, conscientiously, and fearlessly met the great and pressing issue of the day within the domain of our profession, and of having executed, to the best of my ability, the most important duty imposed by the responsible position to which you have elevated me.

GENERAL SESSION.

SECOND DAY—May 9.

On the opening of the session the secretary announced the names of the *Nominating Committee* which had been selected.

The *Address in Medicine* was then delivered by Professor Roberts Bartholow, of Philadelphia, Pennsylvania, in which he alluded to the flippant manner in which the secular press too often alludes to the medical profession and its work. In illustration of this he spoke of the manner in which the daily press spoke of the work of the last International Medical Congress held in Washington last year, which, he said, "in some respects was the most important of the series."

He then assigned some of the reasons to which he attributes that habit. He said:

The causes of this state of things are not far to seek. Every one here present must be familiar with them. I purpose only to consider those which have to do with the therapeutic art—the most important.

Not a little of the ignorance, the crudities, the vague theories of the eighteenth century still linger in the nineteenth century near its close. It is yet understood by many that the therapeutic art is based on some *ism* or dogma. "Allopath" and "homœopath" are still bandied about as having vital power, when they were long since relegated to the lumber-room of the past by modern science. We yet hear of "new school" and "old school," as if notions brought out near the close of the last century, compounded of the vagaries of Hahnemann and the mysticism of Mesmer, could still continue guides to practice. The contentions of so-called "schools," the noisy demonstrations of the Thompsonians, and eclectics, and physio-medicals; the rabid water-cure, and the innumerable special cures, have produced in the popular mind a distrust of all systems.

The cry of "new school" has proved the most sympathetic; but the attractive sugar pellets, and tasteless liquids, carry with them their own destruction, for, in the deeper consciousness of men, lies the fatal objection that great results are not to be accomplished by such slender means. Hence, left to its own course, homœopathy has practically died out on the continent. On this side of the ocean it still maintains a certain influence, because of social conditions and prejudices that are only possible in free communities.

The success of such wretched puerilities,

such inanities as the homœopathic practice consists of, does more to lower the position of the medical profession than any other cause. The one remedy for existing ills, and to put the medical profession in its proper attitude as a scientific body, is to improve the art.

As a teacher of therapeutics for many years, I could not fail to observe that the attainments of the profession in respect to the powers of medicines are not as fully developed as they ought to be. They do not have that familiarity with the physiological powers of drugs which the effective use of remedies demands. It thus happens that the highest precision is not attained. Vague notions take the place of scientific accuracy, when such has been the progress in this department that a considerable degree of certainty should be the rule.

It must be admitted that the acquisition of therapeutical skill has been greatly hampered by the complexity of the materials. The barnacles of a century have been accumulating on the framework, and the new knowledge has been thrust into the crevices of old notions until all is made to appear confused and uncertain.

The subject should be divested of its superfluities. The list of preparations given in the *U. S. Pharmacopœia*—our only official authority—can be greatly curtailed with advantage. Remedies long in use and of comparatively little value are overloaded with formulæ. The preparations of iron given by the *Pharmacopœia* are thirty-eight in number, of mercury twenty-five, of rhubarb fifteen, of aloes as many. One-third of these could perform the duty of all. The botanical and pharmaceutical details are such that to master them would require the whole of the time given to the medical studies. If obtained, such knowledge is of small value to physicians; therefore it should be turned over to the pharmacist, to whom it properly belongs.

After the delivery of the address the secretary of the *Board of Trustees of the Journal Association* read the annual report of the board, in which it was stated that the *Journal* had been promptly issued throughout the year; that it remains under the same editorial management, and that it has its own office of publication in Chicago, Illinois. A report of the receipts and of the expenditures was made, showing that the *Journal* is more than self-sustaining.

The chairman of the *Committee on Dietetics* made the report of the committee, and, on motion, it was ordered that the committee be continued, and that it have power to increase its own membership.

The amendments to the constitution of the Association offered at the last annual meeting were then called up and read. The amendment allowing physicians to become *members by application* was unanimously adopted.

The amendment regarding the *Board of Trustees*, to consist of nine members, was also unanimously adopted.

The third amendment, relative to the superseding of the *Nominating Committee* was read, and, after discussion, it was agreed to print the amendments and to make it the special order for Thursday, at 12 m.

GENERAL SESSION.

THIRD DAY—May 10.

On the assembling of the Association the secretary read the resolutions adopted by the *State Medical Society of Arkansas* relative to *the patronage given to charlatanism by the religious press of our country.*

By vote the Association indorsed the condemnation of the practice as expressed in the resolutions read.

The *report of the Nominating Committee* was then made.

OFFICERS FOR 1889.

President—W. W. Dawson, Cincinnati, Ohio.

First Vice-President—W. L. Schneck, Kansas City, Missouri.

Second Vice-President—F. Woodbury, Philadelphia, Pennsylvania.

Third Vice-President—H. O. Walker, Detroit, Michigan.

Fourth Vice-President—J. W. Bailey, Georgia.

Treasurer—R. J. Dunglison, Philadelphia, Pennsylvania.

Permanent Secretary—W. B. Atkinson, Philadelphia, Pennsylvania.

Librarian—C. H. A. Kleinschmidt, Washington, D. C.

Next place of meeting, Newport, Rhode Island; time of meeting, first Tuesday in June, 1889.

Chairman of *The Committee of Arrangements*—H. R. Storer, Newport.

To deliver the *Address in Medicine*, Professor William Pepper, Philadelphia, Pennsylvania.

The *Address in Surgery*, Professor P. S. Connor, Cincinnati, Ohio.

The *Address in State Medicine*, Professor W. H. Welch, Baltimore, Maryland.

The nominations made in the report were confirmed by vote.

The *Address in Surgery* was then delivered by Dr. E. M. Moore, of Rochester, New York.

After giving, in general outline, a review of early and modern surgery, and noting prominent points of the progress of surgery in the *United States* during the last half century, he spoke of the influence of the discoveries of Pasteur and Koch, which constitutes the most interesting and valuable part of the address.

The microbal discoveries of Pasteur and Koch and their disciples have placed all our therapeutics on a new basis. No one knows when a real discovery is made how far it will reach. It seems to run like a thread through the woof of all knowledge. How can we measure the scope of a piece of glass ground to a lens? The spectroscope was a mere philosophic toy at first. What now? The analyst of the sun as well as of the blood. No one can measure the possible triumphs of surgery. That which was excellent yesterday must be abandoned to-day.

Who has not dreaded the care of a compound fracture of the thigh? But now we have a report by Professor Mac Ewan of a thousand cases of osteotomy and no bad results. Who a few years since could have accepted the statement that the bone could be cut and crushed, the surface broken and driven into the texture of the bone above and below and yet remain absolutely free from danger of necrosis and ready for union? The operation is essentially subcutaneous. But Dr. Hahn, of Berlin, boldly incises the soft parts and exposes the surface of the tibia under a stream of mercuric solution, regarding this operation as secure as the subcutaneous cut, and as the parts can be seen they are more susceptible of proper management. In all these cases merely the quiet necessary to physiological repair with its antiseptic covering comprises the after treatment. Its simplicity and rapidity of result amazes one.

The report of the *Committee on the Rush Monument* was then read, showing the work done by the committee, and the amount of money received for the fund.

The report of the treasurer and of the librarian were next made.

The hour having arrived for he special order of business, the consideration of the third amendment to the constitution, it was moved and carried that further consideration of the subject be postponed for one year.

Another amendment was offered, to be considered at the next annual meeting—to "Strike out the last clause or paragraph of Section VII," relating to individually affixing names to the constitution and regulations of the Association.

Another amendment was offered for consideration at the next annual meeting, as follows:

There shall be created a Section of Pharmacy and Materia Medica, which shall have its own autonomy in like manner as the Section in Dental and Oral Surgery.

Reputable members of State pharmaceutical associations shall be eligible as members of the same on presentation of credentials from their State secretary, but shall have no voice in the general sessions of the Association. The Section of Surgery shall hereafter be denominated the Section of Surgery and Gynæcology. There shall be created a Section of Anatomy and Physiology. The Section of Obstetrics and Diseases of Women shall be abolished. The Section of Diseases of Children shall hereafter be denominated the Section of Obstetrics and Pædiatrics. The Section of Dermatology and Syphilography shall hereafter be denominated the Section of Dermatology and Genito-Urinary Diseases. The Section of Medical Jurisprudence shall hereafter be denominated the Section of Mental and Nervous Diseases. The Section of State Medicine shall hereafter be denominated the Section of State Medicine and Medical Jurisprudence. The Section of Practice of Medicine, Materia Medica, and Physiology shall hereafter be denominated the Section of Internal Medicine.

On motion, it was

Resolved, That in future, each delegate or permanent member, shall, when he registers, also record the name of the section, if any, that he will attend, and in which he will cast his vote for section officers.

It was stated that it was offered because it was found that members voted in several sections, thus aiding in the election of officers of more than one section.

It was moved to rescind the action permitting the sections to meet at 11 a. m.

After some discussion, it was adopted.

GENERAL SESSION.

FOURTH DAY—May 11.

On the assembling of the Association the *Address in State Medicine* was delivered by Dr. H. P.Walcott, of Cambridge, Massachusetts, who gave an interesting account of the work of the State Board of Health of Massachusetts, now in the twentieth year of its existence, in which he stated that the board has "a fairly kept record of our vital statistics from the year 1842 to the present time." From the experience of the board in its twenty years of existence, useful lessons in preventive medicine had been learned, and he essayed to picture some of them, embracing the protection of water supplies, and better drainage for large cities.

The difficulties attending legislation for proper sanitary regulations were considered, including questions of quarantine.

Many of our law-makers have discovered, I believe, no other authority for sanitary legislation on the part of the General Government than that which is contained in the section of the Constitution which declares that Congress, among other functions, shall have power "to regulate commerce." There does not appear to be any clearly expressed provision in the above-named document for the appropriation of money to help exterminate contagious pluro-pneumonia in cattle, and yet the Forty-ninth Congress did appropriate $500,000 for that purpose, and wisely, I am sure we shall all say. I read, however, in this same section of the Constitution that Congress shall also have power to provide "for the general welfare of the United States."

In our own day we have seen National, State, and local laws swept away by cholera and yellow fever. Let us hope then that some ingenious law-maker may find in these words a sufficient authority for the expenditure of enough of the public money, at least, to secure some of those thorough investigations of preventable disease which have characterized the work of the Gesundheitsamt in Germany and the Local Government Board in England.

When it can be deliberately stated—as I believe the experience of the last ten years makes it possible for us to state—that improved methods of research, that the knowledge already gained, have made it almost certain that co-ordinated investiga-

tions properly encouraged and supported by such aid as only a great government can give, would lead to the discovery of the causes of yellow fever and malarial fever in the first place, and in the second, to rational methods of dealing with these most formidable scourges of the land in the way of prevention or of cure; then, I say, it does seem in the highest degree absurd that any form of government should deliberately deprive itself of the sanitary gains which contribute so directly to the preservation of "life, liberty, and the pursuit of happiness."

It has been well said by one of the most eminent of the executive officers of health, Dr. Russell, of Glasgow, that "nothing is more conspicuous than the helplessness of the individual under the conditions of civilized life to secure the physical basis of health."

How can any single individual in a crowded city make any successful effort to improve, or even to ascertain, the quality of the public water supply upon which he is exclusively dependent? What can he do to secure a sufficiently prompt and safe removal of the waste materials of his daily life? How can he analyze the ingeniously sophisticated articles of food or medicine which may represent the ingenious employment of all the scientific skill that selfish capital can purchase? How vain it would be for him to attempt to prevent the crowding of the city, or the contamination of the air which he is obliged to breathe. Lastly, how can he recognize the presence of communicable disease, and recognizing, keep it at a distance?

There is no help but in co-operation on the most extended scale possible, individual, municipal, State, and National. The individual must be compelled to give up his liberty to injure his neighbor. The great city must be restrained from converting the stream that flows past it into a sewer that shall poison the small villages that cluster about its banks lower down in its course. The country farmhouse must no longer, when a case of enteric fever occurs there, be a menace to the water that supplies a thousand city houses. No State should permit its own causes of disease, whatever they are, persons or things, to be transported into another State, nor pollute the common water supply. Lastly, the General Government should take cognizance of those causes of disease which can be controlled by no other power, or which are so general that the responsibility for them is National, or so overwhelming in their ravages that smaller political bodies have lost the power, if not the will, to protect the people.

Voluntary association on the part of persons, towns, States, or Nations even, will never establish a sufficient safeguard when one dishonest or ignorant associate has it in his power to nullify all the effects of a neighbor's spirit of self-sacrifice and restraint.

Epidemic disease is an evil that can not be left to work out its own cure; it widens its circle too rapidly, and the time is long past when any quarantine, using the word in its older sense, would be sufficient to restrain a pestilence within the limits of the district whose sanitary crimes might have fairly deserved some punishment.

How, then, shall we organize for the protection of the public health?

For the individual, that he may not injure his neighbor through his own ignorance or that of his adviser, let the State give him some assurance that the legally used title of physician designates a person sufficiently qualified to give advice for the prevention and cure of disease—and a certainty, also, that the quack who steals the title shall be punished.

Establish, by direct provision of State law, local health authorities for each well-defined unit in our various forms of local government—village, town, city, or county. Place in the hands of these authorities the execution of the laws of the State and all local ordinances and regulations pertaining to the public health, impress upon them the

duties of watching all those conditions which immediately affect the health of the people: water supply, sewerage, sanitary condition of school-houses and scholars, factories, tenement houses and the markets, periodic inspection of the inhabitants to prevent the neglect of vaccination, house to house inspection at least annually. In brief, they should have all the powers which society assumes for protecting the public health.

To meet the possibility that some districts may not have intelligence enough to appreciate, or that powerful commercial or other interests may interfere with, these laws, there should be a State authority with ample powers.

This would be called upon for the purpose of harmonizing the action of the various local boards, where the interests of various localities were involved. It should have co ordinate power with all local boards in case of communicable diseases, in order that its action may be prompt and salutary. It should be enabled to carry on scientific investigations as to the causes of disease, to suppress noxious and offensive trades, as it will often happen that some great industry will possess in a community an influence sufficient to control the local board of health. This condition did in fact exist in Massachussetts, and no action of our State Board of Health in its earlier years was more heartily commended than that which transformed a town, pestilent and disgusting from some fifty slaughter-houses, into an attractive suburb of Boston. The business of slaughtering and rendering is now, in consequence of the action of the board, carried on in an abattoir entirely without offense.

This authority should also have the supervision of the laws for the prevention of the adulteration of food and drugs.

It should have the general oversight of the public water supplies.

It should have charge of the registration of vital statistics, and of the investigations of the diseases of animals so far as they affect the health of man.

The educational element should be always present in the work of the State and local boards of health; and, as in all other affairs of life, the value of the lesson will stand generally in direct relation to the cost of it. The person who receives the benefit of a sanitary improvement should pay, if able to do so, a part, at least, of the cost, and should never be permitted to lose a sense of the obligation of preventing the spread to his neighbor of unsanitary conditions of his own making.

All the arguments that have been used for the existence of State health authorities are also available, it seems to me, for the creation and support of some organization for the protection of the public health in connection with the General Government. I think that the medical profession is agreed that no power less than that of the National Government will be sufficient to prevent the introduction of disease from abroad, or control its transport from State to State. There is, of course, a question as to what form that central authority should take and how extensive should be its power.

The well-being of the country, to use the language of the Constitution, should imply that we must know all that can be known about those diseases and causes of disease which may affect the whole country.

Although the actual epidemic prevalence of disease of grave and frequently fatal character may be limited to certain districts, still the disturbance of commerce and the ordinary relations of life will extend to large sections of the whole country. Therefore the National health authority should have the power and the means necessary for a thorough investigation of the communicable and epidemic diseases, and of the best means of preventing their spread. These investigations need not be limited to this country; in fact, it is quite evident that several of the most important diseases of this class must be also studied

outside of the country, yellow fever, for instance.

Reports of the Committees on *Meteorological Conditions*, on *Fœticides* and on *Duties Commonly Exercised by Coroners*.

The Secretary then read the names of the newly-elected

OFFICERS OF SECTIONS.

Practice of Medicine, etc.—F. C. Shattuck, Boston, Massachusetts, Chairman; G. A. Fackler, Cincinnati, Ohio, Secretary.

Surgery and Anatomy.—N. P. Dandridge, Cincinnati, Ohio, Chairman; W. O. Roberts, Louisville, Kentucky, Secretary.

Obstetrics and Diseases of Women.—W. H. Wathen, Louisville, Kentucky, Chairman; A. B. Carpenter, Cleveland, Ohio, Secretary.

State Medicine.—J. Berrien Lindsley, Nashville, Tennessee, Chairman; S. T. Armstrong, U. S. Marine Hospital, New York, Secretary.

Ophthalmology, Otology, and Laryngology.—George E. Frothingham, Ann Arbor, Michigan, Chairman; G. C. Savage, Nashville, Tennessee, Secretary.

Laryngology and Otology.—W. H. Daly, Pittsburg, Pennsylvania, Chairman; E. Fletcher Ingals, Chicago, Illinois, Secretary.

Diseases of Children.—J. A. Larrabee, Louisville, Kentucky, Chairman; C. J. Jennings, Detroit, Michigan, Secretary.

Medical Jurisprudence.—J. G. Kiernan, Chicago, Illinois, Chairman; T. C. Evans, Baltimore, Maryland, Secretary.

Dermatology and Syphilography.—L. Duncan Bulkley, New York, Chairman; W. T. Corlett, Cleveland, Ohio, Secretary.

Oral and Dental Surgery.—F. H. Rehwinkel, Chillicothe, Ohio, Chairman; E. S. Talbot, Chicago, Illinois, Secretary.

The Secretary then stated that the Section on State Medicine recommends the passage of the following resolution by the Association.

Resolved, That the American Medical Association urges upon the House of Representatives of the Congress of the United States the necessity of and importance of the immediate passage of Senate Bill No. 2493—"*To Perfect the Quarantine Service of the United States*"—which bill has passed the Senate and is now pending in the House of Representatives, in order to make provision for protection against the introduction of contagious diseases before the approaching summer.

On motion, this resolution was adopted as the sense of the Association.

The following, for amending the by-laws, viz: "To change the by-law whereby the officers of sections are elected by the sections," was read, and lies over until the next meeting.

The amendment to the constitution offered by Dr. C. Seiler, Pennsylvania, in 1884, and now asked for by the Section on Ophthalmology, was called up and agreed to, and a new *Section on Laryngology and Otology* was created.

The Permanent Secretary read the list of members appointed as delegates abroad, as follows:

R. H. Plummer, San Francisco, California; N. S. Davis, Chicago, Illinois; J. J. Chisolm, Baltimore, Maryland; L. A. Sayre, New York, N. Y.; J. B. Hamilton, Washington, D. C.; V. C. Vaughan, Ann Arbor, Michigan; J. E. Owens, Chicago, Illinois; S. J. Jones, Chicago, Illinois; H. A. Kelly, Philadelphia, Pennsylvania; A. E. Hoadley, Chicago, Illinois; W. H. Myers, Fort Wayne, Indiana; F. E. Waxham, Chicago, Illinois; J. V. Shoemaker, Philadelphia, Pennsylvania; D. A. K. Steele, Chicago, Illinois; Alex. McAlister, Camden, New Jersey; Ephraim Cutter, New York, N. Y.

After a formal vote of thanks to the presiding officers and to the profession and citizens of Cincinnati, who had done so much to make the meeting of the Association so agreeable, it adjourned.

PROCEEDINGS OF SECTIONS.

SECTION ON PRACTICAL MEDICINE, MATERIA MEDICA, AND PHYSIOLOGY.

C. W. Van Bibber, Baltimore, Chairman.
N. S. Davis, Jr., Chicago, Secretary.

The first subject considered was "Pneumonia: Etiology, Pathology, and Treatment," with a paper on "The Mechanism of Pneumonia and its Treatment," by C. W. Van Bibber, Baltimore.

It was discussed by Professors James T. Whittaker, Cincinnati, and N. S. Davis, Chicago.

This was followed by a paper on "Treatment of Empyæma," by Wm. C. Dabney, University of Virginia.

And one "On the Hippocratic Operation for Empyæma, with Illustrative Cases," by Frank Woodbury, Philadelphia.

Another was on "The Unity of Tuberculosis," by J. H. Musser, Philadelphia.

"My own Clinical Experience in the Administration of the Iodide of Potassium in the Treatment of Syphilis" was the subject of another paper by Morris H. Henry, New York.

"Diagnosis and Treatment of Diseases of the Stomach," was considered and a paper was read on "Some Practical Remarks on Diagnosis of Diseases of the Stomach," by Dr. W. Pepper, Philadelphia.

"Observations on Nutrition, with especial Reference to the origin of Fat, Urea, and Animal Heat," was the subject of a paper by Henry C. Chapman, Philadelphia.

"Hot air Bath in the Treatment of Rheumatism," by Chas. N. Sheppard, Brooklyn, was another paper read.

"Evolution of the Cystic Kidney," by I. N. Danforth, of Chicago, in which he said:

The causes of cystic or sacculated kidney may be classified as follows:

1. Diathetic causes: (a) excess of saline elements of the urine; (b) tuberculosis; (c) carcinoma.

2. Congenital causes: (a) floating kidney with consequent "twist" of ureter; (b) congenital hydronephrosis; (c) congenital degeneration of elements.

3. Mechanical obstruction consequent upon disease of the pelvic organs.

4. Traumatic causes.

5. Pathological cysts; dermoid cysts; hydatids; cystic metamorphosis.

By far the greater number of cystic or surgical kidney occur during the active period of life, when the peculiar diatheses which lead to them are most likely to manifest themselves, and this is peculiarly true of the first group of cases—those produced by an excess of the saline elements of the urine.

Tuberculous disease of the kidney does not often occur as a primary disease, but whether the deposit be primary or secondary, its behavior is substantially the same. The tubercular deposit is most common in the cortex, and generally each deposit clusters around some arterial twig.

In the adult, carcinoma of the kidney is rarely primary, and secondary manifestations of renal cancer are by no means common. Secondary cancer of the kidney is not generally followed by cystic degeneration. Nevertheless, this does occasionally happen, and in the following manner: Cancerous deposits in the kidney sometimes occur as infiltrations, sometimes as round nodular deposits. In the latter case each nodule is surrounded and isolated by a fibrous capsule, composed of hypertrophied connective tissue. The cancerous nodule is gradually shut off from its blood supply to an extent sufficient to induce early and rapid retrograde changes, fatty or mucoid degeneration, and the solid cancerous nodule becomes transformed into a soft pultaceous mass, or even into a dirty yellow or grayish fluid. This generally finds its way into the pelvis of the kidney and thence into the bladder. It sometimes happens that the first intimation of renal cancer comes from a profuse discharge of purulent or bloody matter per urethra.

Primary cancer of the kidney is a disease peculiar to children "before the fifth

year." It is almost always of the encephaloid type, and may attain immense proportions. He had seen one case in which the tumor distended the abdomen to an almost incredible degree, while the alimentary canal, the liver, and other abdominal organs were compressed and crowded so as to be hardly recognized. In this case there were numerous cystic cavities, with fluid contents of a dirty gray color.

Cystic kidney produced by congenital causes: Migratory kidney with consequent twist or doubling of ureter.

General congenital cystic degeneration: At rare intervals an infant is born with an enormously distended abdomen, due to the fact that the kidney has been converted into a *congeries of cysts* by a process of general cystic degeneration. They are regarded as a form of cystic degeneration of the malpighian bodies, but occasionally the convoluted tubules appear to be involved.

Cystic disease of the kidney produced by mechanical obstruction consequent upon disease of the pelvic organs; diseases of the bladder which produce thickening of its wall.

He had recently seen a case of double hydronephrosis in a woman of about forty year of age, apparently caused by compression of the ureter by an enlarged and prolapsed uterus. The cervix uteri was hypertrophied, tilted up against the bladder, and fixed in this position by adhesions in such a manner that the ureters were constantly compressed.

Any pelvic disease which is followed by pathological new formations, or the dislocation of the pelvic organs, may produce compression of the ureters and cystic kidney.

The traumatic causes cannot be formally classified, but any injury of the kidney may result in cystic disease. He had seen a short time ago the case of a young man who fell down a rough and precipitous hillside, receiving some injury of the right kidney, which was followed by pain, tenderness, and hæmaturia. These symptoms shortly subsided and the patient regarded himself as quite well, although the kidney remained slightly tender. He had occasional, but not severe, attacks of nephralgia, and four years after the injury he died, after nephrotomy, the kidney being an enormous multiple abscess.

"On Headache from Overlooked Causes in the Naso-pharynx and Ears," by Henry Gradle, Chicago.

"Etiology of Typhoid Fever," by V. C. Vaughan, Ann Arbor, Michigan.

"Oxygen Enemata as a Remedy for Certain Diseases of the Liver and Intestinal Canal," by J. H. Kellogg, Battle Creek, Michigan.

SECTION OF OBSTETRICS AND DISEASES OF WOMEN.

Ely Van de Warker, Syracuse, New York, Chairman.

E. W Cushing, Boston, Massachusetts, Secretary.

The meeting was opened by the President, Dr. Ely van de Warker, of Syracuse, New York, who delivered an address on the subject "How Gynæcology is Taught," in which he discussed the various methods of instruction, and concluded by paying a tribute to American gynæcology, and especially to its founder, Marion Sims.

Dr. Price, of Philadelphia, Pennsylvania, next followed on "Free Nursing as Organized in Philadelphia."

He described the system which had been there adopted of furnishing the indigent with skilled nurses, by which operators were enabled to perform even most difficult operations in the homes of the poor with proper assistance.

This institution was organized two years ago by two charitable ladies of Philadelphia. It is supported by voluntary contributions and such small amounts as the patients are able to contribute. The corps consists of seven well-trained nurses and their assistants. Two maternity nurses attend to the obstetrical part of the work,

and separate nurses are employed for the care and attendance of contagious diseases.

The excellence of the plan is shown by the astonishing result of only one death in over ninety abdominal sections.

Professor W. W. Jaggard, of Chicago, Illinois, next followed with an essay entitled "The Relation of Endometritis Gravidarum to the Persistent Vomiting of Pregnancy," in which he included the report of a case of hyperemesis gravidarum caused by endometritis. The reader was of the opinion that even in the ordinary text-books the distinction was not sufficiently made between hyperemesis due to pregnancy and pregnancy incidental to the vomiting.

In the case reported, abortion was induced by introducing a bougie between the uterine walls and membranes after all other means for arresting vomiting had proven futile. Eight hours later the ovum came away and the placenta was removed according to Credé's method. The fœtus was of eight months' gestation. The abortion was immediately followed by cessation of the vomiting. That the vomiting was not due to an artificial displacement of the uterus was proven by the fact that it occurred as late as the sixteenth to the eighteenth week.

Professor W. H. Wathen, of Louisville, Kentucky, had seen but one case of truly uncontrollable vomiting. The patient was two or three months pregnant, and could retain absolutely nothing on her stomach. He at once dilated the cervix to the depth of one inch and a half by means of a steel dilator. Dilatation had previously been practiced by the attendant with sponge tents without affording relief. After the dilatation, the nausea and vomiting abated, but abortion occurred a few days later.

Dr. Daniel T. Nelson, of Chicago, narrated cases where vomiting was due to flexion, either of the uterus primarily, or due to the displacement of the ovaries or disease of the adnexa. He said in one case a complicating fibroid was the cause of flexion, and hence of the vomiting.

Drs. Maury, of Memphis, and Marcy, of Boston, participated in the discussion.

Professor Jaggard protested against dilatation of the cervix simply as a means of arresting vomiting, for in a large number of cases it terminates in the premature expulsion of the ovum.

Dr. William Goodell, of Philadelphia, next read an entertaining and humorous paper on the "Nervous Rectum." He described the rectum as being sometimes insane, as it were, whilst the rest of the body enjoys perfect sanity. One variety of this neurosis is the hysterical rectum, the muscles being thus affected, but the sphincters more so than the other set of muscles. A frequent form is spasm of the sphincter, which renders defecation painful, and hence induces costiveness. These victims become easily addicted to opium eating. When the rectum is loaded a pulsating pain is felt. If there be, in addition, some ovarian irritation and enlargement the affection becomes very distressing.

Another form the speaker alluded to as the "jealous" rectum. He gave some very ludicrous instances where the rectum put its veto on any attempts at indulging in social intercourse. One lady was in a perfectly comfortable condition until she put on her bonnet, when this unruly organ would begin to remonstrate audibly and continue to keep up in such a manner that the unfortunate possessor would be compelled to take off her bonnet and make up her mind to stay home. After this everything would again become quiet. Another lady always began to have an evacuation from the bowels as soon as she received a letter from her husband, and was obliged to delay reading it until the rectal demands had been satisfied. A third individual would soil her bed after any violent mental emotion. All these persons were kept prisoners at home and had to abandon social intercourse.

A third form he described as "follicular colitis" or "membranous enteritis." He found this affection so often in hyster-

ical patients that he looked upon it as a neurosis, just as pruritus, shingles, etc., are nervous skin affections. He found all these forms of rectal trouble as being peculiar to emotional women of high intelligence; none of them belonged to the lower walks of life. The diagnosis between these neurotic troubles of the rectum and disease of the coccyx is readily made by the introduction of the index finger into the rectum and the thumb over the coccy, showing that this appendage is movable.

The treatment depends on the form of the trouble. He regarded that of Weir-Mitchell for nervous prostration as the best—seclusion, forced feeding, massage, and electricity, the latter two equalizing the nervous fluid and stimulating a healthy action of the nerves. As soon as enemata can be borne, they should be administered before bedtime. Suppositories of iodoform act beneficially, and, in case of spasm of the sphincter, stretching of the sphincter ani. Follicular colitis is almost incurable, but may be soothed by means of suppositories of iodoform, antipyrin, etc. Sometimes injections of lime water or carron oil greatly relieve this trouble. He cautioned strictly against the use of opium in any form, as these patients are very apt to become opium eaters. Altogether the best medication consists in the administration of remedies constitutional in their action. His favorite prescription is the pil. sumbul comp.; Bland's pill is an excellent remedy, beginning with one pill three times a day, gradually increased until three are taken after each meal. Occasionally he gave as many as five after each meal. Pills composed of the three valerianates (zinc, iron, and quinine) are of great value, also pills composed of chloride of gold and soda. When malaria is at the bottom of the trouble, Fowler's solution acts well. The bromides are often needed and may be advantageously combined with the bitter tonics, as the tinct. of gentian comp. When the paroxysms are sudden, antipyrin and the hydro-bromate of hyoscine are serviceable. Absolute rest of mind and body secured by absolute seclusion in a darkened room is sometimes indispensable.

A paper was read by Dr. L. H. Dunning, of South Bend, Indiana, on "Double Uterus and Vagina," with the following conclusions:

1. Congenital malformations of the uterus or vagina are more frequent than is usually supposed.

2. Of the different anomalies, uterus bicornis is the most frequent form—over 50 per cent.

3. The fecundity of women thus affected is not materially diminished.

4. As a result, however, difficult labors are more numerous.

5. In all established cases of uterus bicornis pregnancy has thus far occurred.

6. The forms of malformation of the uterus, in which abortion or miscarriage are most apt to occur, are the *uterus didelphys* and *uterus bilocularis*.

7. Both divisions may be pregnant at the same time and in different stages.

8. Disorders of menstruation are very apt to occur.

9. The amount of the menstrual fluid, when normal, is small.

10. Menstruation may occur simultaneously from both uteri, or one may alternate with the other.

11. The disturbances caused by these anomalies show the important part that the uterus plays during female life.

"Abdominal Section in Extra-Uterine Pregnancy," by W. H. Wathen, Louisville, Kentucky.

"The Value of Galvanism as applied by Apostoli in the Treatment of Fibroid Tumors of the Uterus, with Cases," by Franklin H. Martin, Chicago.

Dr. A. B. Carpenter, of Cleveland, Ohio, next described "A New Method for Supplying the Electrolytic Current in Uterine Fibroids." The author spoke of the difficulty of keeping the ordinary physicians' batteries in good running order, and therefore devised a method of supplying the

electric current at any time desired in the proper strength. He took his current directly from the street, using the electric current as furnished by the Edison light for this purpose. The Brush light is too dangerous, but the Edison system, which furnished an electric intensity of 100–110 bolts, will not prove dangerous, even with the entire strength outside of the rheostat. The author exhibited the working of his apparatus, with the wires attached from the street.

The following papers were presented:

"The Infant Food Problem," by Professor W. B. Atkinson, Philadelphia.

"Puerperal Hæmorrhage," by Mary H. Thompson, Chicago.

"Report of Forty-seven Cases of Alexander's Operation; Results of Observations and Simple Mode of Operating," by J. H. Kellogg, Battle Creek, Michigan.

SECTION ON SURGERY AND ANATOMY.

Donald McLean, Detroit, Michigan, Chairman.

B. A. Watson, Jersey City, New Jersey, Secretary.

Address by the Chairman, "Some Thoughts on Retrospective and Prospective Surgery," Donald McLean, Detroit, Michigan.

"The Appendix Vermiformis; its Functions, Pathological Changes, and Treatment," by Henry Hollingsworth Smith, Philadelphia.

"The Cæcum and Appendix; their Relations in Health and Disease," by Joseph Ransohoff, Cincinnati.

"A Case of Typhilitis with Perforation; Laparotomy; Recovery," by L. S. McMurtry, Danville, Kentucky.

The subject "Intestinal Obstruction in its Surgical Aspects," was discussed and a paper was read.

"Rectal Insufflation with Hydrogen Gas as an Infallible Diagnostic Measure in ascertaining the Existence of Visceral Injury of the Gastro-Intestinal Canal in Penetrating Wounds of the Abdomen, illustrated by Three Experiments," by N. Senn, Milwaukee, Wisconsin.

The paper, a voluminous one, comprises sixty-four experiments, with descriptive remarks and comments. After making experiments on both animals and the human subject, and carefully studying the details of each, Professor Senn expresses himself in the following manner: After a careful study of the subject of rectal insufflation of hydrogen gas in its various aspects, I do not hesitate to recommend its adoption in practice as an infallible diagnostic test in demonstrating the existence of a wound of the gastro-intestinal canal in penetrating wounds of the abdomen, without resorting to an exploratory laparotomy. In conclusion I beg leave to submit for your discussion the following propositions:

1. The entire alimentary canal is permeable to rectal insufflation of air or gas.

2. Inflation of the entire alimentary canal from above downwards through a stomach-tube seldom succeeds, and should therefore only be resorted to in demonstrating the presence of a perforation or wound of the stomach, and for locating other lesions in the organ or its immediate vicinity.

3. The ileo-cæcal valve is rendered incompetent and permeable by rectal insufflation of air or gas under a pressure varying from one-fourth of a pound to two pounds.

4. Air or gas can be forced through the whole alimentary canal from anus to mouth under a pressure varying from one-third of a pound to two pounds and a half.

5. Rectal insufflation of air or gas, to be both safe and effective, must be done very slowly and continually.

6. The safest and most effective rectal insufflator is a rubber balloon large enough to hold sixteen litres of air or gas.

7. Hydrogen gas should be preferred to atmospheric air or other gases for purposes of inflation in all cases where this procedure is indicated.

8. The resisting power of the intestinal wall is nearly the same throughout the entire length of the canal, and in a normal condition yields to diastaltic force of from eight to twelve pounds of pressure. When rupture takes place it either occurs as a longitudinal laceration of the peritoneum on the convex surface of the bowel, or as multiple ruptures from within outwards at the mesenteric attachment. The former result follows rapid and the latter slow inflation.

9. Hydrogen gas is devoid of toxic properties, non-irritating when brought in contact with living tissues, and is rapidly absorbed from the connective tissue space and all of the large serous cavities.

10. The escape of air or gas through the ileo-cæcal valve from below upwards is always attended by a blowing or gurgling sound, heard most distinctly over the ileo-cæcal region, and by a sudden diminution of pressure.

11. The incompetency of the ileo-cæcal valve is caused by a lateral and longitudinal distension of the cæcum which mechanically separates the margins of the valve.

12. In gunshot or punctured wounds of the gastro-intestinal canal, insufflation of hydrogen gas enables the surgeon to demonstrate positively the existence of the visceral injury without incurring the risks and medico-legal responsibilities incident to an exploratory laparotomy.

"The Surgical Advantages of the Buried Animal Suture and its Adaptability to Special Purposes," was the title of a paper by Henry O. Marcy, Boston.

A paper was also read on "Sarcoma of the Scalp," by Professor P. S. Conner, Cincinnati.

"On the Radical Cure of Varicocele Attended with Redundancy of Scrotum," by Morris H. Henry, New York.

"A New Method of Controlling Hæmorrhage," by C. S. Muscroft, Cincinnati.

"Causes Determining the Localization of Infection; an Experimental Study," by Bayard Holmes, Chicago.

SECTION ON STATE MEDICINE.

H. B. Baker, Lansing, Michigan, Chairman.

S. T. Armstrong, Marine Hospital Service, Secretary.

Address by the Chairman, H. B. Baker.

"Should the National Government Defend our Ports Against the Invasion of the National Enemy, Contagious Diseases?" by Benjamin Lee, Philadelphia, Pennsylvania.

"Uniform Medical Practice, Report by a Committee of the Association," by Perry H. Millard, Chairman.

"Cremation of Garbage," by J. Berrien Lindsley, Nashville, Tennessee.

"House Drainage," by Joseph F. Edwards, Philadelphia, Pennsylvania.

"Personal Prophylaxis Against Malarial Diseases," by Geo. H. Rohe, Baltimore, Maryland.

"Atmospheric Temperature and Intermittent Fever," by Henry B. Baker, Lansing, Michigan.

"Abstract of Laveran's Researches on the Hæmatozoön of Malaria," by S. T. Armstrong, U. S. Marine Hospital Service.

"What Evidence is there for a Malarial Germ," by Samuel N. Nelson, Boston, Massachusetts.

"The School-room a Factor in the Production of Disease," by J. A. Larrabee, Louisville, Kentucky.

"Recent Discoveries and Researches with Regard to a Common Cause of certain Infectious Diseases," by C. W. Chancellor, Baltimore, Maryland.

"The Causation of the Autogenous Fevers," by Victor C. Vaughan, Ann Arbor, Michigan.

"Eastern Carolina as a Residence for Tuberculous Patients," by J. M. Baker, Tarboro, North Carolina.

SECTION ON OPHTHALMOLGY, OTOLOGY, AND LARYNGOLOGY.

F. C. Hotz, Chicago, Illinois, Chairman

John L. Thompson, Indianapolis, Indiana, Secretary.

Address by the Chairman, F. C. Hotz.

"Melanotic Disease of the Conjunctiva and Episcleral Tissue, with Five Illustrations," by Robert Sattler, of Cincinnati.

"The Treatment of Strabismus due to Paralysis or Extreme Over-correction, with Loss of Motion," by A. E. Prince Jacksonville, Illinois.

"Some Practical Suggestions Regarding Certain Anomalies of the Ocular Muscles," by George T. Stevens, of New York.

"Binocular Astigmatism," by H. Culbertson, of Zanesville, Ohio.

"The ¼ Dioptric Cylinder Lens the Most Useful of the List of Cylinders," by J. J. Chisolm, of Baltimore.

"The Different Methods of Adjusting Lenses," by Dudley S. Reynolds, of Louisville.

"The Advantages of Leaving One Eye Open during the After-treatment of Cataract Cases," by J. J. Chisolm, of Baltimore.

Two years before, the subject of light dressings was brought before the section, when Professor Chisolm stated that he would test the proposed method and report the result of his experiments at the next meeting of the Association. Last year at the Chicago meeting he reported to the section on ophthalmology that for twelve months he had abandoned compresses, bandages, dark rooms, and restraint in the after-treatment of his cataract-extraction cases, and that he was both surprised and delighted at the results obtained. The cases as a rule behaved so much better under the adhesive-strip dressing, the eyes were so much less watery, less injected, so much less flinching when exposed to the strong light of day than when dressed by compresses and bandages and kept in bed in dark rooms, that he was forced to recognize the improvement in contrast, and was forced to accept the conclusions that much of the irritation found in eyes when the restraining treatment was used was the direct result of the bandaging and not of the operation.

In his report of cataract-work at the Presbyterian Eye and Ear Charity Hospital of Baltimore City, at which hospital he controls a large amount of clinical material, he gives the result of his further experience in the after-treatment of cataract cases. During the past year in seventy-four cases of simple senile cataract he closed only the eye operated upon, and that with a piece of isinglass plaster one and one-half by one inch in size. When properly adjusted and dried the lids are closed together as if one piece; the canthi are not covered, so that from them the eye-secretions can escape; and eye drops may also be instilled, should they be needed, without disturbing the adhesive plaster dressing. If properly put on this piece of isinglass plaster will remain till removed on the fourth or fifth day. The other eye is left open for the guidance of the patient.

The patient is never operated upon in his bed, but always upon a narrow table of suitable height, placed before a large window. During all the steps of the operation a septic and antiseptic treatment is used. Solutions of the biniodide of mercury, 1 to 20,000, is the germicide employed. When the operation is smoothly done he believes that nine-tenths of the dangers have already been obviated. When the plaster on the newly operated eye is dry, the patient gets down from the operating table and walks to his room, where he may lie down or move about at his pleasure. Having one eye open he can see to eat, dress himself, and converse with friends. No restraints are imposed beyond not using the eye for reading, and keeping in a moderately lighted room and out of the sunlight. The strip of bandage is removed on the fourth or fifth day. One eye having been always open, the covered one has never become sensitive to the light. When it is finally uncovered no smoked glasses are needed, and the eye shows no irritation from the exposure. He says in his paper

that it matters not how beautiful and acceptable the theory that absolute quiet and rest under restraint must prevent friction and irritation, and consequent inflammation, yet experience will show that exposure does not bring about the train of irritable phenomena which our long-established theory would predict.

In his year's work of 74 simple senile cataract extractions, all of them treated by the closure of one eye only, there had not been the loss of a single eye. In only two was the pupil closed, necessitating in the future a secondary operation for the restoration of sight; and that such a result has and will continue to take place from time to time in the hands of the most careful surgeon who practices all the restraints of bandages and dark rooms. For 25 years he bandaged and confined every cataract patient. He says that for the past two years he has abandoned bandages and restraint, and that he has had better results under the new method of dressing than he ever had before, and that now he has not the courage nor the cruelty to impose the needless and, as he says he now knows it to be, injurious bandages.

He knows that the plan of simple dressings and after-treatment is a revolution. The plan has in individual instances been forced upon the notice of every ophthalmic surgeon by the obstinacy or unruliness of obstreperous patients. Professor Chisolm has been convinced by such incidents that a system of simple after-treatment is best, and must eventually be adopted by ophthalmic surgeons.

In closing he says that if each surgeon would, in alternate cases, use the bandage and restraint with the one, the light dressing and no restraint with the other, and in every other respect by careful operation and antiseptic treatment start the patients alike up to the after-dressing, he would find that all the patients would do so equally well that they would be forced to diminish the annoyances which they have heretofore thought it their duty to impose.

"Some Observation on the Extraction without an Iridectomy and use of the Bandage in the After-treatment," by Geo. E. Frothingham, of Ann Arbor.

"Gummata of the Ciliary Region," by S. C. Ayres, of Cincinnati.

"Some Remarks on Diseases of the Labyrinth," by Franc Dowling, of Cincinnati.

"The Bougie in Catarrhal Inflammations of the Middle Ear," by W. Cheatham, of Louisville.

"Passive Motion in the Diagnosis and Treatment of Middle-Ear Affections, with a New Otoscope (pneumatic)," by S. S. Bishop, of Chicago.

"Ocular Troubles Influenced by Nasal Diseases," by L. H. Taylor, of Wilkesbarre, Pennsylvania.

"Reflex Nasal Cough, with Report of Cases," by Max Thorner, of Cincinnati, Ohio.

"Reflex Phenomena in Childhood caused by Rhinitis," by J. A. Stucky, of Lexington.

"Naso-Pharyngeal Fibromata," by E. F. Ingals, of Chicago.

In 1884 he presented to the same section a paper on naso-pharyngeal fibromata in which he reported four cases, two of which had been cured, and two of which had disappeared, so that the result was unknown. In that paper he advocated the extirpation of these growths, when possible, through the natural passages, by means of the galvano-cautery ecraseur,or other methods employed by laryngologists in the destruction of nasal polypi in preference to the formidable operation including removal of the superior maxilla. Dr. Lincoln, of New York, has shown that the operation usually adopted by surgeons gives a mortality of over 25 per centum, while it is not very successful in preventing recurrence, as in only about 14 per centum is it certain that the tumor will not return within a year. By the method which Professor Ingals then recommended, it was shown that the danger to life was very much less, and that the ultimate results

were much better. In over 50 per centum recurrence had not taken place within twelve months. Recently, one of the cases then reported which had failed to return after the first sitting for completion of the operation, had returned after the lapse of five years with a renewed growth in the same locality. This he removed by means of the galvano-cautery ecraseur. The operation was done after the parts had been anæsthetized by cocaine, and was completely successful in removing all the tumor, which consisted of three lobules attached by a base about half an inch in diameter at the vault of the pharynx and posterior naris of the left side. The tumor removed five years ago had the appearance of being composed entirely of fibrous tissue. Of the tumor recently removed, the smaller lobules, which measured about five-eighths of an inch in diameter, proved upon microscopical examination to be fibro-cellular in character, about one-half fibrous; and the largest, which measured about one by two inches in diameter, seemed also fibro-cellular, about three-quarters fibrous. He also presented the history of another somewhat similar case in which a tumor in the nasal cavity was removed by the combined means of electrolysis and the galvano-cautery snare. Details were very fully given, for which space cannot be found in this abstract.

Dr. Robert Tilley, of Chicago, Illinois, reported a case of congenital atrophy of the cilia and supercilia, associated with atrophy of all the nails of both fingers and toes. The subject of the report was a girl of seventeen years. The cilia, especially of the lower lids, were absent, and the supercilia consisted of short, stubby hairs averaging about one-eighth of an inch in length, and presenting the appearance of having been burnt off. There was not a single nail on either fingers or toes but exhibited similar signs of imperfect development. They gave no signs of change of color, nor had they lost any of the usual lustre of a normal nail. They were all remarkably thin, and each nail exhibited from one to three depressions on the anterior part of the nail. There was no projecting free border to any of the nails. The cilia and supercilia, both in the shaft and root, were atrophied, and some of the longer ones clearly exhibited partial breaks in the shaft, which probably accounted for the burnt-off appearance. The girl claimed that the cilia and supercilia, as well as the nails of her father and two brothers, were just like hers. This was found by Dr. Tilley to be true relative to a younger brother, but the father and the older brother could not be seen.

"Tubercular Laryngitis," by D. E. Welsh, of Grand Rapids, Michigan.

"The Tonsils as a Cause of Naso-Pharyngeal and Aural Disorders," by H. Gradle, of Chicago.

"A Case of Atrophy of the Supercilia and Cilia Associated with Atrophy of all the Finger Nails," by Robert Tilley, of Chicago.

"Tobacco Amblyopia," by A. R. Baker, of Cleveland, Ohio.

"Fatty Tumors of the Orbit," by Jas. H. Buckner, of Cincinnati.

SECTION ON DISEASES OF CHILDREN.

Professor F. E. Waxham, Chicago, Illinois, Chairman.

Dr. W. B. Lawrence, Batesville, Arkansas, Secretary.

"Infant Feeding: I, Foods for Prematurely Born Children; II, Mixed Diet; III, Artificial Foods; IV, Feeding in Acute Disease," by C. W. Earle, Chicago, Illinois.

He presented, by way of introduction, a résumé of Baginsky's recent work on Diseases of Children, and said:

The greatest mortality, in all climes and among all nations is due to the lack of mother's milk. In Berlin, one-half of all children born out of wedlock die within six months, and during the summer months a very great number of all children succumb to errors of diet.

Hence the most important question is infant diet. A division may be made of infant foods into two groups.

Next to mother's milk comes the wet-nurse.

In the first group are enumerated:

Cow's milk, peptogenized milk, condensed milk, cream mixtures, and Liebig's foods.

In group two are found the prepared foods.

The difference between mother's milk and cow's milk is given in general terms as follows: The water is about equal, casein, albumen, salts, and butter a greater, and of sugar a smaller, quantity in cow's milk.

This analysis as regards the fats does not agree with the usual analysis. He also says that coagulation and fermentation arise sooner in cow's than in mother's milk. Out of cow's milk it is impossible to manufacture a substitute which in every essential is equivalent to mother's milk. The greatest difficulty is to obtain good cow's milk, and this is why condensed milk is frequently the best substitute which can be provided. Cow's milk if given to babies should not be administered raw, but boiled long and thoroughly to destroy bacteria. Germs of tuberculosis can be effectually destroyed if they exist in cow's milk by thorough boiling. Soxhlet's cooking apparatus is spoken of as the best and safest to use for the purpose of destroying the germs found in milk. By the use of this process cow's milk is much better as a child's food than we have formerly thought. Cow's milk should usually be prepared in proportion of one to three for young children, later in equal parts. Some children at nine months can take clear milk and digest it perfectly. A curious fact developed in the dilution of cow's milk, is that from at first being one to three this proportion is lessened about 15 per cent. during the first two months, and then increased until equal parts of water and cow's milk are used. Two methods of preserving milk are presented. By the first it is condensed with, and by the second without, sugar. The great difficulty in the condensing process is that too much sugar makes it indigestible, and yet if a milk of this kind is diluted so that it can be digested it is then too weak. Baginsky does not regard peptonized foods with great favor. Biedert's cream mixture contains only one per cent. of casein, and agrees excellently well in a large number of cases. Liebig's foods and soups are made from milk, wheat, and malt, but it is believed that the cream mixture mentioned above, when fresh and properly made, is better than the Liebig food. Nestlé's food is spoken of as being the best type of a prepared food. It contains forty per cent. of sugar, five of fat, fifteen of proteid compounds and thirty per cent. of dexterine and starch. It has been noticed that a long continued administration of an artificial food, in some cases at least, brings about a change of blood. The red corpuscles diminish, but can be increased if a wet-nurse or mother's milk is substituted.

Professor Earle said that he agrees with the old author, who said that "Nature does not afford, nor can art supply, a substitute for mother's milk," and he thought that medical men should always try to induce mothers to nurse their babies in suitable cases.

We should explain the dangers which children pass through, particularly during the summer, and state plainly the probabilities that a certain number of them cannot survive upon any artificial food.

His belief that no artificial food can be selected which will furnish a proper nutriment through the hot months to a considerable number of these little people is so firm that he is every year, with greater frequency, suggesting a wet-nurse. A mixed diet is preferable to one wholly artificial—that is, part mother's or nurse's milk, with the remainder supplied from some outside source. One of the first conditions where an artificial food for a baby is demanded is when the child is prematurely born. In some of these cases, the milk secretion of the mother is at once established. But in others several weeks may elapse before the milk secretion is established. The author

has had charge of three infants born at six and a half months, in which artificial food had to be provided, and which he succeeded in saving by the use of artificial food. Cream is the basis, barley water the menstrum, to which is added a little salt, a little sugar of milk, and a small amount of lime water.

A prematurely born baby should be fed on a small quantity frequently. Sometimes not more than a half teaspoonful, and when not fed from the spoon, let an ordinary ounce bottle be provided with a rubber mouthpiece. For the first few days, perhaps, cracker water, with a small amount of sugar of milk is all that is necessary. Then cream added to a little cracker water, or cream and rice water; then cream and barley water, and, if vomiting takes place, a small amount of lime water should be added. If from any reason the cream does not agree with the baby, condensed milk with barley water, a little salt, and possibly the addition of a little lime water. By varying the amount of cream, using either barley water or rice water as the diluent, adding a little sugar of milk and a few grains of salt, and sometimes a little condensed milk, if the cream disagrees with the infant, one is able to carry along these puny children until such time as the milk secretion is established.

Speaking of the fermentation of milk, he said: Fermentation of milk occurs only in consequence of the introduction into it of micro-organisms. If the milk be received by a sterilized tube into a sterilized receptacle directly from the udder of the cow, it will not ferment, nor become acid, though kept indefinitely. It can be sterilized by heating to 70° for an hour, but in order to to kill the spores it is necessary to repeat the process for an hour each day for four or five days. Heating to 100° by a current of steam for one hour will sterilize it completely, but boiling coagulates the albumen and to some extent changes the milk sugar. The first process in the fermentation of milk is due to the action of a bacillus, and consists in the conversion of the milk sugar into lactic acid. This process ceases after a small quantity of acid is formed; but if the acid be neutralized by chalk, the fermentation will go on until the milk sugar is all decomposed. By the change of reaction of the milk the casein is coagulated. This coagulation is said to be due to the action of the acid and not directly to that of the bacillus. When the milk sugar is converted into lactic acid, another bacillus —bacillus subtilis—attacks the lactic acid and converts it into butyric acid, with evolution of carbon dioxide and free hydrogen. This bacillus cannot act on milk sugar unless it is first converted into lactic acid.

Under exceptional circumstances there is formed in milk a substance first discovered by Professor Vaughan, of Ann Arbor, and named by him "tyrotoxicon" (cheese poison). This is a crystalline nitrogenous substance, and is supposed to be a ptomaine. When taken, it produces pain at the base of the brain, vomiting, and purging. Professor Vaughan believes this to be the cause of cholera infantum. Tyrotoxicon is formed spontaneously in milk after some months; but it will be produced very quickly if some milk in which it has been formed be added to fresh milk. Its formation seems to be connected with the butyric acid fermentation.

Dr. I. N. Love, of St. Louis, Missouri, read a paper entitled "Membranous Croup and Diphtheria; are they Identical?" in which he maintained the position that membranous croup and diphtheria are identical.

He said that whether the membrane, as in the so-called true croup, be a fibrinous exudation, superficial and easily stripped from the surface, leaving a smooth mucous surface only robbed of its epithelium, while that of diphtheria is more of a coagulation penetrating or poured into the mucous tissues, a necrosis as it were, in which the eschar can be removed only with great difficulty, is not important, it being largely dependent upon the anatomical

characteristics of the parts involved. That the disease is due to a special germ or micro-organism is admitted, and the recognition of this pathological point in the treatment has made a much more favorable showing in the mortality reports. One fact which is worthy of notice, and which is an additional argument in favor of the identity of the two diseases, is that the classical treatment for croup has for years been free exhibition of the mild chloride of mercury, coupled with stimulation, with a view to its defibrinating effects. The secretory system has thus been stimulated, and the effect has been to favor the moistening and exfoliation of the exudation and to antagonize the disposition to constitutional involvement.

Since the same plan of treatment has been applied to general diphtheria the mortality has diminished. He claimed that by the prompt recognition of the first appearance of diphtheria, and the immediate institution of active interference in the way of free purgation with the mild chloride of mercury, local antiseptics, and the continuance of constitutional measures, germicides and stimulators of glandular action, the bichloride of mercury, benzoate of sodium and large quantities of water, we can without doubt claim accomplishments that are tangible and positive.

"The Surgical Treatment of Empyæma," by D. A. K. Steele, Chicago, Illinois.

More than one-half of the cases of empyæma recorded occur during the first decade of life, and more errors of diagnosis are made in this than in probably any other thoracic affection.

It was his belief that a purulent pleuritis is due to auto-infection of a more or less limited area of the inflamed or damaged pleura through the medium of the general circulation. Other methods of infection are the use of unclean aspirating needles, rupture of a bronchus, extension of a septic pneumonia, secondary infection from the primary foci in some other point of the body, tubercular infection, etc.

The exact nature of fluid in the pleural cavity can only be ascertained by the introduction of a hypodermic needle. If, following the usual symptoms of an acute pleuritis, we have chills, fever, hectic, diarrhœa, and sweating, we are reasonably certain of our diagnosis without the aspirating needle.

All cases of pneumonia that are tardy and undergoing resolution should awaken a suspicion of empyæma. Secondary infection of the pericardium is a fatal termination in a number of cases and runs a rapid course. Empyæma, if left to itself, may terminate in recovery in one of three ways, according to L. Emmet Holt: (1) By spontaneous absorption of the purulent effusion; (2)by evacuation through a bronchus; (3)by opening externally through the intercostal muscles. But when left to nature the mortality is appalling. Rilliet and Barbex mention thirty-three cases, with four recoveries, twenty-one deaths, and eight not accounted for.

Surgical Treatment.—No absolute rule can be laid down for the management of all cases. We may resort, *first*, to aspiration; *second*, aspiration and washing out of the cavity with an antiseptic solution; *third*, thoracentesis with trocar and cannula; *fourth*, thoracentesis with subaqueous drainage; *fifth*, simple incision; *sixth*, simple incision and drainage; *seventh*, simple incision with through-and-through drainage, with or without antiseptic precautions; *eighth*, subperiosteal resection of rib, and drainage; *ninth*, thoracoplasty (Eslander's der's operation); *tenth*, perflation.

As practical surgeons we may confine ourselves to the relative merits of but two of these methods—aspiration and free incision with drainage.

In a minority of cases in children, simple aspiration, once or twice repeated, will effect a permanent and satisfactory cure.

The records of four such cases were presented.

Aspiration has the advantage of being simple, safe, and occasionally curative. But, if we find the fluid rapidly accumulates, or

septic symptoms are developed, free incision with drainage is imperatively demanded.

Aspiration has the disadvantage of leaving a small amount of pus for reabsorption, or which may become an inspissated residuum that will result in a secondary abscess in after life. Surgically considered, it is not as perfect an operation as evacuation by a free incision and the introduction of a large size drainage-tube.

Of 121 cases treated by aspiration alone, twenty-three, or 19 per cent., were cured, six died, and the rest came to some other method of treatment, usually incision.

Incision.—Free incision therefore remains as the method possessing the decided advantage of complete evacuation of the purulent fluid, flakes of lymph, etc., and it moreover permits an exploration of the cavity with the finger or sound, and the breaking down of any septa or bands of adhesion. It permits of subsequent irrigation, if the septic nature of the fluid demands a washing out, and also gives complete drainage.

The technique of the operation is comparatively simple, the diagnosis having been established beyond a doubt by preliminary hypodermic aspiration. The field of operation is prepared in the usual manner for all aseptic operations. The point of selection for free incision and drainage is the posterior border of the axillary line in the sixth or seventh interspace. General anæsthesia is usually not required, although a few whiffs of chloroform in nervous children are of advantage sometimes. But local anæsthesia by means of the ether spray or hypodermic injections of from ten to fifteen drops of a 4 per centum solution of muriate cocaine answers every purpose in alleviating pain. The fold of skin at the site indicated is transfixed on a line with the upper border of the rib and incised for one and a half inches; then the intercostal muscles and pleura are divided, and as pus flows out in a full stream a large sized rubber drainage-tube is inserted and secured by safety pin, or by a button of rubber, flange reflected so as to prevent its intrusion into the pleural cavity. The tube should not be more than three inches long. Irrigation should not be resorted to except in septic empyæma where the fluid is fetid and caseous.

As soon as the tube is introduced it should be covered with sublimated gauze, and the pus should be allowed to flow out upon absorbent cotton or antiseptic gauze, and the dressings changed daily. Strict antiseptic precautions are always necessary, and our greatly improved results and lessened mortality are due to the antiseptic treatment now employed.

Dupuytren operated in fifty cases, with only four recoveries, while L. Emmet Holt reports sixty-three cases operated upon under full antiseptic precautions, with only two deaths. The average duration of the discharge was about six weeks. In children we are usually able to discard the use of tubes in three weeks. When, from the large size of the pleura, effusion occurs in close apposition to the ribs, flattening of the tube during pressure from coughing, or neuralgia due to pressure upon the intercostal nerve, subperiosteal resection of one and one-half inches of the single rib will afford ready relief and better drainage, although it is rarely required in old empyæmas in children. When we have a chronic abscess, discharging through a sinus and shortening the life of the patient by lardaceous degeneration of kidneys, liver, or spleen, or from general exhaustion, Estlander's operation of thorocoplasty should always be performed, although its field of usefulness is limited; but, if necessary, a sufficient number of ribs and a lung section of each should be made to permit the complete retraction of the divided ends of the ribs to the bottom of the cavity, thus closing it; otherwise a fistulous tract remains requiring a subsequent operation.

"Hepatic Incompetence in Children," by M. P. Hatfield, Chicago, Illinois.

"Chorea," by Geo. Wheeler Jones, Danville, Illinois.

"Infant Food, or the Care of the Infant," by J. M. Dunham, Columbus, Ohio.

"Tracheotomy in Pseudo-Membranous Laryngitis," by C. G. Jennings, Detroit, Michigan.

"Report on Intubation in Pseudo-Membranous Larnygitis," by F. E. Waxham, Chicago, Illinois.

"Antifebrin as an Antipyretic in the Treatment of Febrile Diseases of Children, with a Report of Fifty Cases," by F. J. Parkhurst, Danvers, Illinois.

SECTION ON MEDICAL JURISPRUDENCE.

E. M. Reid, Baltimore, Maryland Chairman.

C. B. Belt, Boston, Massachusetts, Secretary.

Address by the Chairman of the Section, E. M. Reid, Baltimore, Maryland.

"Paralytic States, their Relation to Testamentary Capacity," by E. C. Spitzka, New York.

"Medical Jurisprudence in Relation to Wills," by Richard Gundry, Baltimore, Maryland.

"Fœticide, its Increase, and Inadequacy of Law for its Prevention and Punishment," by H. C. Markham, Independence, Iowa.

"Expert Testimony in Medical Jurisprudence," by Orpheus Everts, College Hill, Ohio.

"Some Points in the Medical Jurisprudence of Insanity," by E. N. Brush, Philadelphia, Pennsylvania.

"Jurisprudence of Insanity," by T. Wright, of Bellefontaine.

"Insanity; Some Points of Medico-Legal Interest," by Philip Zenner, Cincinnati.

"The Influence of Experimental Science upon Law," by Clark Gapen, Chicago, Illinois.

"The Relation of Meconeuropathia, Opium Toxæmia and the Opium Psycho-Neurosis to Law," by C. H. Hughes, St. Louis, Missouri.

Professor Daniel R. Brower, of Chicago, read a paper on "The Medico-Legal Relations of Hysteria." The relations of hysteria to the law are often very perplexing, as they are not infrequent. The close relation that this disease bears to insanity makes the question of the legal responsibility of its victims often exceedingly doubtful. In order to properly estimate the legal aspects of the subject we must have a due conception of the disease. He takes exception to all opinions of its pathology that grow out of the misleading idea that originated the name.

Hysteria is a *psycosis;* the primary derangement is in the higher cerebral centres. The lower centres of the brain, the spinal cord, and symphathic nervous system are only secondarily affected. It consists essentially of a depressed condition of the intellectual and volitional areas of mental action, and an excitation of the emotional and perceptional areas. This condition of mind produces a defective power of the will; an imperfect self-control; a life largely governed by irresistible impulses; an isatiable craving for sympathy; an exceedingly irritable and irascible disposition; and with this is very often associated, sometimes as an inheritance, sometimes as an outgrowth of this unbridled emotional condition, a defective moral tone, and sometimes an unnatural and ungovernable activity of the sexual system. These people are deceitful, perverse, and obstinate; they practice, or attempt to practice, the most aimless and unnatural impositions. In illustration of the relation of hysteria to the crime of murder, two cases that have recently been before the courts in Chicago were cited.

The first case, of Adelina Roberts, a French woman, aged 42, who has a history of hysterical convulsions, aphonia, paralysis of an arm, paralysis of a leg, and hemi-anæsthesia at various times and of degrees of severity for a period of about twenty years. During all this time she was carrying on an illegitimate *liaison* with a Chicago merchant. He finally grew tired

of her demands for money and attention, and tried to rid himself of her, but she would not be cast off. He stopped her allowance of money, and positively refused to have any further intercourse with her. This was followed by many days of convulsions, during which she was under my treatment at St. Joseph's Hospital in this city (Chicago). On her recovery from these convulsive seizures, and after her discharge from the hospital, during another exciting interview with him in his office in the presence of a number of employés, she shot him. After a long trial the jury declared her insane and sent her to the Hospital for the Insane at Elgin, Illinois. There she spent about three years, and was finally discharged under a writ of *habeas corpus*.

The second case was that Theresa Sturlatta, an Italian woman, aged 26, who had a history of hysterical convulsions, hemi-anæsthesia, catalepsy, the trance states, during a period of ten years. She killed her lover in his room at the Palmer House. The night before the killing she rode out with him to a place of public resort on the outskirts of Chicago, where they had a private room together, and he left her promising to return. It was a cold night in November. She waited for him until a late hour, when, upon making inquiry, she found that he had driven off without her. She had no money, and was therefore compelled to walk into the city, a distance of about five or six miles. It was raining at the time and she was menstruating. That night, on her return to Chicago, she was in a state of most intense hysterical excitement, and her menses stopped. She had a hystero-epileptic convulsion, and left her boarding place and went to the hotel, and without a moment's warning shot him. The jury, after a long and tedious trial, declared her guilty and sentenced her to two years of servitude in the penitentiary.

It was our opinion that she was irresponsible for the killing. The violence of the epileptic paroxysm following his, at least, ungenerous treatment of her, produced a condition of hysterical frenzy that should have relieved her from responsibility, as in the first mentioned case.

Another important question in connection with this matter is the *detection* of hysteria. The tripod of Charcot; the tenderness in the epigastrium; the tenderness under the left mammary gland; the tenderness over the left dorsal vertebra, and the tenderness over the left ovary; the focal anæsthesia, quoted by Hammond from Chairou (Diseases of the Nervous System, p. 736). If in a hysterical woman the finger be passed down the throat so as to be brought in contact with the epiglottis, it will be found that this part is quite insensitive, and that it can be rubbed or even scraped with the nail without causing irritation of any kind. Or the superior orifice of the larynx may be similarly treated without exciting either cough or efforts to vomit. Then, again, the peculiar fibrillary movement of the orbicularis palpebrarum when the eyes are closed; the *facies hystericus* with its eye round and full, the upper eyelid drooping, the upper lip remarkably deep and full; the hemi-anæsthesia, especially of the left side; the fact that slight pressure will often produce pain if the attention is fixed, while strong pressure will fail to elicit it if the attention be diverted; the great accumulation of gas in the stomach; the tendency to saliva, and the disorders of nutrition furnish a set of signs that will not often render a diagnosis difficult.

"Alcoholic Trance; its Medico Legal Relations," by T. D. Crothers, Hartford, Connecticut.

"Alcoholic Inebriety," by S. L. Wright, Bellefontaine, Ohio.

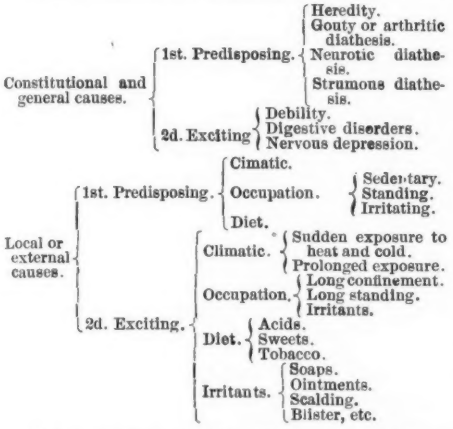
SECTION ON DERMATOLOGY AND SYPHILOGRAPHY.

L. D. Bulkley, New York, Chairman.

F. Dunlap, Danville, Kentucky, Secretary.

Address of the Chairman, "Syphilis as a Non-Venereal Disease."

The discussion on the "Etiology and Treatment of Eczema" was opened by Dr. Bulkley, who, in the course of his remarks, submitted the following table:



Drs. Zeisler and Reynolds of Chicago, Shoemaker of Philadelphia, Ravogli and Rickets of Cincinnati, and Fleisher of New Haven, also took part in the discussion.

"Nervous Causation of Eczema," by E. Chenery, of Boston.

The next paper read was on "A Clinical Study of So-called Prairie Itch, Lumberman's Itch, etc., with a Consideration as to its Entity," by William T. Corlett, M. D., Cleveland, Ohio, in which, in addition to a general résumé of the subject, ten cases were reported, and the opinion was expressed that the disease is really eczema.

Dr. ZEISLER opened the discussion of Dr. Corlett's paper by saying that the cause of the so-called prairie itch was ignorance in regard to skin diseases.

Professor REYNOLDS said that his practice in the West had given him opportunities for seeing many cases of this so-called new disease. He had always found that this diagnosis was made by men who were not especially well posted in dermatology. All the cases of prairie itch he had ever seen were typical cases of eczema. The peculiarity of the prairie itch is the appearance of contagion, which is thought to distinguish it from eczema. This imaginary contagion may be due to the fact that all of a family are under the same hygienic, dietetic, and local conditions. Itching seems to be almost contagious, and the scratching ensuing may occasion a disease of the skin.

The discussion on "The Limit of the Period During which Syphilis can be Communicated by Contagion or Inheritance," was followed by a paper on "The Importance of Local Treatment in Syphilis," by Dr. Joseph Zeisler, of Chicago, Illinois.

Drs. Shoemaker, Dumesnil of St Louis, Palmer, Ravogli, and Keller took part in the discussion.

"Double Chancre *à distance:* An Inquiry into Syphilitic Auto-Inoculation," by A. H. Ohmann Dumesnil, of St. Louis, Missouri.

"Tuberculosis Cutis Verrucosa, with Report of a Case," by George T. Eliot, New York.

Professor Henry J. Reynolds, of Chicago, Illinois, opened this day's session by the reading of a paper on "The Galvanic Method of Treating the Vegetable Parasitic Diseases of the Scalp, with Report of Cases."

Several members participated in the discussion, and the opinion seemed unanimous to the effect that the only influence of the electrical current is the increased penetration of the remedy used in connection with it.

B. M. Ricketts, of Cincinnati, read a paper on "The Use of Arsenic in Dermatology."

He reviewed the history of the use of arsenic in skin diseases, and expressed a preference for recently made solutions of arsenious acid. He uses arsenic in psoriasis and pemphigus.

The opinion developed in the discussion was, upon the whole, not very favorable to a free use of the drug.

Dr. Hale, of Illinois, reported a case of "Purpura Hæmorraghica in a Litttle Girl of Eleven Years."

The eruption first appeared on the abdo-

men three years ago; it was supposed to be the result of a bruise. Then it spread upon both sides and limbs. Has had slight rheumatic attacks at times. Two months is the longest time she has been free from it. Better now than ever before. She bleeds profusely at intervals of one or two months. There is a history of bleeding in the family for some generations. The aunt and a brother have died from hæmorraghes due to slight causes. There is no history of a specific character.

George T. Eliot, M. D., of New York, read a paper on "Tuberculosis Cutis Verrucosa." The paper was particularly interesting and carefully prepared, but does not admit of sufficient condensation for the purposes of this report.

"On the Value of Frequently-Repeated Doses of Arsenic in the Treatment of Bullous Diseases of the Skin, Especially in Children," by L. Duncan Bulkley, New York.

Arsenic is not so complete a specific as its constant use would seem to indicate. The difficulty is in the failure to adjust the remedy to the particular cases.

He reported a number of cases and said in sufficient doses arsenic is a specific in pemphigus. He prefers a solution of the arseniate of potash or soda.

SECTION ON ORAL AND DENTAL SURGERY.

J. Taft, Cincinnati, Ohio, Chairman.

E. S. Talbot, Chicago, Illinois, Secretary.

Address of Chairman, J. Taft.

"Etiology of Irregularities of the Teeth," "Development of the Superior Maxilla in the Idiot, Deaf and Dumb, and Blind and Insane," by Eugene S. Talbot, Chicago, Illinois.

He explained his views regarding the causes of these malformations:

1. Constitutional causes.
2. Local causes.

He dissents from the views of some authors, who designate them as being congenital.

These deformities, he says, are often so prominent that mechanical interference is necessary to improve the appearance and the use of the teeth.

In his paper he considers the pre-natal and post-natal influence of imperfect nutrition, and consequent imperfect development of the jaw, as influencing the growth of teeth and their position.

Professor J. S. Marshall, of Chicago, in discussing Professor Talbot's paper, said his views regarding congenital origin of such defects did not coincide with the views expressed in Professor Talbot's paper, if he understood the author of the paper as he wished to be understood.

He spoke of the effects of intermarriage between peoples of different nations, and, also, in the same families, showing how improvement may be effected or degeneration result, as is exemplified in some of the inferior animals, and he is inclined to consider these facts and conditions as explaining in part some of these deformities.

A paper on "Fractures and Diastasis of the Superior Maxilla and Upper Bones of the Face, treated by the aid of the Interdental Splint, with two cases as illustrations," by Professor John S. Marshall, of Chicago, Illinois, was read, in which he said this class of injuries has elicited so little attention from the general surgeon or oral specialist that some of the most noted works on surgery make no mention of them. He cited two cases which had been treated by him, and gave the method of treatment of each of them—the history and the result in each case, which was satisfactory.

Professor Talbot, in discussing the paper, said Professor Marshall's paper treats of a subject of great interest, one which demands prompt and positive treatment. Great force is required to produce such injury. Other complications, such as shocks, inflammation, and secondary hæmorrhage are liable to ensue on account of the locality. If nature or treatment can overcome these difficulties another serious one presents itself in

devising means to hold the parts in place, after putting them in proper position, until they shall have united.

On one occasion he had been requested to assist in such a case. A girl about eight years of age was struck on the back of the head by a descending elevator, her face being forced to the sill of the building. She sustained a compound fracture of both superior and inferior maxillary bones. The parts were put in their natural position, the teeth being the guide. The jaws were bandaged together in the usual manner. The next morning the bandage was off, and the bones slightly displaced. Where a bandage is used it is not certain that it will remain in position. A skull cap made of cotton cloth to fit the head as far as the eyebrows and occipital protuberance will answer better. A splint for the inferior maxilla may be made of gutta-percha, card-board, tin, or anything that can be molded and fitted to the jaws will do well. Having placed the pieces of bone in position and brought the jaws together, so that the teeth occlude properly, adhesive strips, cut one inch in width, wound and fastened not only to the splint and skull cap but also to the cheeks, will give good support. The strips should be applied in such manner as to exert proper force in the right direction. Three or four should be applied. One or two strips fastened to the splint, the cheeks, and back of the neck will hold all firmly in position.

Such patients can be fed with liquids through a rubber tube. Should the teeth be missing or but a few be in position, occlusion would be impossible and the dental splint must be used. Adhesive strips can then be used in the manner described.

Papers read were upon the "Treatment and Management of the Temporary Teeth," by E. G. Betty, Cincinnati, and "Dentogeny," by W. C. Brittan, Detroit, followed by a paper upon the same subject, by M. H. Fletcher, Cincinnati.

THE ASSOCIATION OF AMERICAN MEDICAL EDITORS.

The annual meeting of this Association was held May 7, in Cincinnati. The President, Dr. W. Porter, of St. Louis, delivered the annual address, in which he said:

"Two things have been clearly demonstarted during the year that has gone: First, the power of the medical press; second, the value of unity."

After advocating co-operation on the part of medical editors for the advancement of medical journalism, he said:

"A strong association can accomplish much where individual effort may be futile. There are many questions which demand attention. The further advancement of our State and national associations, legal control of quackery, the international copyright, the questions proposed for discussion to-night, the upholding of our best schools and journals, and the exposure of poor ones—these are some of the matters of vital importance which call for harmonious and well organized action by the medical press of the land.

"I would oppose limitation of the utmost freedom of thought or speech."

At the close of the address, the question as to the effect of the publication of trade journals on the regular medical journals was very thoroughly discussed by the Association; the almost unanimous voice of the body being that the effect on medical journalistic literature is bad, and in every way demoralizing to the medical profession at large, and depresses and lowers the plane of legitimate journalism.

After the adoption of a constitution and by-laws for the government of the Association, officers for the ensuing year were elected, and the society adjourned.

The next annual meeting will be held in Newport, Rhode Island.

CONFERENCE OF STATE BOARDS OF HEALTH.

A conference of State Boards of Health, was held in Cincinnati in May, composed of one or more delegates from each of the State Boards of Health in the United States. Dr. J. N. McCormack, of Bowling Green, Ky., presided, and Dr. C. O. Probst, of Ohio, acted as Secretary.

Among the physicians present were Drs. John D. Jones, N. P. Dandridge, William Carson, of Cincinnati; H. S. Orme, California; R. S. Goodwin, Connecticut; J. H. Rauch, Illinois; S. R. Searight, W. A. Fritsch, S. S. Roots, J. M. Taylor, Indiana; Pinckney Thompson, Kentucky; J. J. N. McCormack, Kentucky; R. W. Llewelyn, Iowa; W. S. Schenk, Kansas; Welch, Kansas; H. B. Baker, Michigan; C. N. Hewitt, Minnesota; C. O. Probst, Ohio; Benjamin Lee, Philadelphia; David Engelman, Pennsylvania; James Evans, South Carolina; J. T. Reeve, Wisconsin; B. O. Reynolds, Wisconsin, and P. H. Bryce, Province of Ontario, Canada.

Dr. McCormack, the President of the association, delivered the annual address in which he mentioned the fact, so well known, that the quarantine facilities of New York are totally inadequate to the demands of the service. The topic for discussion was then read: "Duties of the Conference in urging the erection of isolated hospitals for infectious diseases, and economical and effective methods of placarding diseased houses and quarantining diseased families."

Dr. BRYCE, of Ontario, read a brief paper upon the subject. He urged the importance of the isolation of all cases of diphtheria, scarlatina, and other infectious diseases of that type, and stated that the only means by which the necessary isolation could be obtained was by the establishment and maintenance of hospitals of that nature by townships and municipalities. When proper isolation could be obtained in private residences removal to a hospital was unnecessary, but as a general thing such isolation was not to be had, especially among the poor people of the large cities.

Dr. PROBST believed that isolated hospitals for the treatment of infectious diseases would be a good thing, but he doubted its practicability. Dr. Taylor, of Indiana, coincided with Dr. Bryce as to the results to be obtained by his plan, but doubted its feasibility. It might be practicable in very large cities where hospital conveniences were abundant, but in small towns and sparsely settled districts it would be impracticable, and the effect of removal over long distances dangerous. Dr. Thompson, of Kentucky, supported Dr. Taylor. Dr. Lee, of Philadelphia, agreed with Dr. Bryce in his conclusions as to the practicability of the plan proposed, and so did Dr. Hewitt, of Minnesota. Dr. H. S. Orme, of California, also advocated the plan. The Chair appointed Dr. Orme, Dr. Hewitt, and Dr. Bryce as a committee to investigate the subject and report later.

"Should the National Government assume the control of quarantines at all ports of entry?" "Under which control should quarantine be both in Canada and the Union, under National Government or under State governments?" were questions that occupied the time of the sanitarians at the next session. Dr. Lee, of Philadelphia, advocated strict regulation and control by the Government of all ports on the coasts where it was at all possible that infectious diseases could be imported, and offered the following resolution, which was referred to the regular standing committee:

Resolved, That this Conference, recognizing the failure of local authorities to administer quarantine effectually in a large number of cases, respectfully urges upon the National Government the duty of assuming the control of quarantine at all ports of entry.

Dr. HEWITT said, in reference to the

resolution, that it was impossible to look to Congress for action in the premises; that no appropriation was available for adequate quarantine protection, and that if anything was to be done it must be done separately by the State Boards of Health.

Dr. RAUCH agreed with Dr. Hewitt as to the inability of obtaining the necessary national legislation for quarantining the coasts. He was, of course, in favor of a national system of protective quarantine from pestilential diseases, but he was opposed to putting such a system, even if obtainable, into the hands of the U. S. Marine Hospital authorities.

Dr. BAKER said he had no confidence in the efficiency or practicability of a national system of coast quarantine. He favored the continuance of action on the part of the State governments, and the obtaining of national aid in emergencies therefor if it were possible. In support of his statement he quoted the well known—to physicians—efficiency of the New Orleans quarantine station, which is under the control of the local authorities, an efficiency which, he said, would be weakened were the national authorities to be placed in control.

The New York quarantine service was notably inefficient, but if the proper efforts were made the service would be brought up to the degree of efficiency of the New Orleans stations. Dr. Baker sarcastically said that he did not believe there was a skilled sanitarian in all the National Marine Hospital service.

Dr. KENNEDY stated that he was not at all impressed with the value of the inland quarantine system, and said that he feared an epidemic of yellow fever and cholera this year, but he did not state the basis of his fears, though he intimated that they were due to lack of an effective system of quarantine.

Dr. BRYCE described the workings of the Canadian quarantine system.

Dr. HEWITT asked the Chair to appoint a committee to confer and correspond with and visit the maritime quarantine authorities and to investigate and ascertain the best methods of quarantining from infectious diseases.

The question proposed by the State Board of Health of Vermont, "What legal authority ought State Boards of Health to possess in the absence of local boards?" was widely discussed by the Conference, the discussion consisting of a statement of the laws and systems in effect and in use in the different States.

Dr. HEWITT, of Minnesota, stated the vigorous measures used in that State to suppress and stamp out infectious dieases. He said that in Minneapolis there occured a small epidemic of seventy cases of smallpox. The board took immediate action, and each house was thoroughly disinfected, the patient removed, and every one who had been in the house for a week was traced and quarantined and disinfected before the disease had a chance to spread.

At the evening session the following questions, proposed by the Michigan Board, were discussed:

"What is each State Board of Health doing to advance sanitary science?"

"By the collection of statistics of deaths, and their causes."

"By the collection of statistics of sickness."

"By the collection of statistics of meteorogical conditions coincident with sickness and deaths."

The physicians present stated the system and efficiency of the collection of vital statistics in the different States represented in the Conference.

ILLINOIS STATE MEDICAL SOCIETY.

Thirty-eighth Annual Meeting, held at Rock Island, Illinois, May 15, 16, and 17.

The Society was called to order at 10 o'clock by the President, Dr. W. O. Ensign, of Rutland.

ADDRESS OF WELCOME.

Dr. C. Truesdale, of Rock Island, chairman of the committee of arrangements, delivered an address of welcome on behalf of the local profession.

Professor C. W. Earle, of Chicago, responded in behalf of the visiting members of the Society.

The Secretary read the resignation of the Treasurer, Professor Walter Hay of Chicago.

On motion, the thanks of the Society were tendered to Professor Hay for his very efficient services as Treasurer.

The President, Dr. Ensign, in his address, paid a tribute to those who had preceded him in office and alluded to the large number of deaths that had occurred during the year among members.

He then dealt with the question of reorganization, the plans and modes of holding the annual meetings, etc. He thought the meeting of the State Society, occurring so soon after that of the American Medical Association, detracted largely from its interest and attendance. The address referred to the relation of the State Board of Health to the study and practice of medicine in the State, favoring the limitation of the issue of certificates to practice to those only who could pass a successful examination before a State board of examiners. More thoroughness in all the preliminary branches of education was urged.

COMMITTEE ON PRACTICE OF MEDICINE.

The chairman of the committee on practice of medicine, Professor Frank Billings, of Chicago, said: *Bergeon's treatment of phthisis pulmonalis*, by rectal injections of sulphuretted gas in carbonic acid, received extended notice and discussion at the last meeting of the Society. The expectations regarding the remedy have not been realized. The treatment has been thoroughly tested in the United States, and the almost universal opinion seems to be that it exerts no curative influence on the tubercular process, but does have a palliative effect; diminishing the sputa; relieving the cough, nightsweats, and thoracic pain; improving the appetite, and consequently the strength of the patient. These favorable conditions are only temporary, however, and a time comes when the injections cease to have a good effect.

The aniline treatment of phthisis, recommended by Dr. Kremianski, consists of the internal use of grammes .5 to 1 daily of antifebrin, which is decomposed in the body into aniline, and also of inhalations of oil of aniline in one of the aromatic oils. Dr. Bertalero reports successful results in eight cases. Professor Billings had used the treatment in two cases with absolutely no benefit.

Concerning *treatment of diphtheria by the use of oil of turpentine*, he said a new impetus had recently been given to it. Dr. C. Roesse, of Hamburg, had reported its use in 60 patients, from 1 to 30 years of age. Only five died. Of these, two were one year old, were moribund when first seen, and died within a few hours. Two had the disease in a virulent form and lived only thirty six hours, and the fifth was a poorly nourished boy, 15 years old, who died in five days. The oil of turpentine was given in teaspoonful doses three times a day. As a corrective Dr. Roesse used spiritus ætherus, minims xvi, to each teaspoonful of turpentine oil. He also gave a tablespoonful of a two per cent. solution of sodium salicylate every two hours, had the patient use a gargle of a one per cent. solution of potassium chloras, and applied ice-bags. He noted the following results: (1) The fever and frequency of the pulse diminished rapidly; (2) the subjective difficulties, such as headache and difficulty of swallowing, were soon relieved; (3) the duration of the disease was greatly shortened; (4) the local symptoms improved, in most cases as soon as the first doses had taken effect. The turpentine was used cautiously in anæmic and weak patients, and cases of cardiac troubles. In strong patients the heart's action was carefully noted. The

patients were given strong bouillon or beef tea, port wine, and milk. Ice-water was given for thirst. The turpentine was withheld as soon as the patient was free from fever and the local symptoms had improved. No signs of turpentine poisoning were observed.

Professor Billings stated that he has had gratifying success with a *solution of corrosive sublimate*, one part to 1500 of water, on the local symptoms, as a gargle, or with a syringe with a spray nozzle, as was first suggested to him by professor S. Johnson, of Chicago. The spray may be injected with sufficient force against the pharyngeal walls and tonsils to dislodge the membrane and yet not wound or irritate the abraded surfaces.

Of *saccharine in diabetes mellitus*, he said: This valuable addition to our materia medica renders the treatment of diabetes much easier. He had used it in three cases of simple glucosuria and in one case of diabetes mellitus. It fills the place of sugar as a sweetening agent, and also acts well as an antiseptic in preventing or relieving gaseous distension of the stomach and bowels, which are often present in diabetes mellitus.

ANTIPYRIN.

Every day adds a new and valuable use of this remedy. Professor See first used it hypodermically in watery solutions in all forms of neuralgia, rheumatism, and other painful affections. He advises friction over the injected area to relieve the disagreeable tension.

Dr. R. Hirish reports the use of the hypodermic injection of a 50 per centum solution in twelve cases of rheumatism with marked success, relieving the pain and shortening the course of the disease.

ANTIFEBRIN.

Dr. Dumieville has used antifebrin as an anodyne in all neuralgias in over eighty cases with universally good effect. Fifteen grains in twenty-four hours was the average dose. The effect is felt in from fifteen minutes to two hours. Several reports have been made of cases of dangerous collapse, with or without cyanosis, from the use of the drug. One death is reported of a child from the use of antifebrin. The father of the child doubled the dose ordered by by the physician, and death occurred from heart failure in twelve hours.

SULPHATE OF SPARTEIN.

This remedy has received more extended use during the last year, and many favorable notices of it have been written. Dr. J. Prior reports that it is indicated in all diseases of the heart where digitalis is contraindicated, where a quick effect is desired, and as an adjuvant of digitalis. He gives the remedy in doses of .01 to .02 grammes two to three times daily, and says the usually advised dose is too small.

DISCUSSION.

Dr. C. TRUESDALE, of Rock Island, said that his experience and observations in the treatment of diphtheria were that the main supports depended upon the character of the case he had to treat.

He had used turpentine, bichloride of mercury, etc. He believed that the best remedy was the old-fashioned treatment of chlorinated tincture of iron in large doses, and it was remarkable what large doses young children would tolerate of that drug.

Professor C. W. EARLE, of Chicago, said that it had always appeared to him, particularly in children, that simply catching cold, or exposure to it, could not account for a very large number of cases of pneumonia reported. He believed that there must be something beyond that—something in the earth or atmosphere to produce pneumonia in a large number of cases, although he had never conducted any scientific experiments to base such conclusions upon; but it was on this account that he always administered quinine in the treatment. He now regarded pneumonia as a very safe disease in a child, and much preferred a case of it to one of bronchitis involving the small tubes.

With regard to diphtheria, he uses the tincture of iron and chlorate of potash once in every four hours, but where it is desirable to make a strong impression upon the local disease he has given that mixture every two hours, and between it minute doses of hydrargyrum bichloride.

Dr. J. W. COWDEN, of Rock Island, said that Dr. Jacobi recommends tincture of iron and chloride of potassium. He, himself, gave it every fifteen minutes in teaspoonful doses to an adult, and to a child two years of age ten drops of tincture of iron. It would allay the pharyngeal inflammation, and takes the place of a gargle.

Another thing was to support children by giving them milk in abundance, and alcohol when it is well borne. He had a little child last winter that took a teaspoonful of whisky every half-hour for forty-eight hours (warm), and would take nothing else in it.

Professor HENRY J. REYNOLDS, of Chicago, asked for some further light in regard to the physiological effects of antipyrin. He said it was an extremely powerful drug and as useful as it is powerful, but thought it capable of doing a great deal of harm, in that in some cases it produced disorder of the kidneys, suppression of the urine, uræmic poisoning, etc.

Dr. T. M. MCILVAINE, of Peoria, had used turpentine in the treatment of diphtheria in much larger doses than those mentioned by any of the previous speakers and had had no toxic effects from the drug.

He had great confidence in bichloride of mercury, used both internally and as a spray. He gives it in combination with lactic acid as a spray.

The conditions under which antipyrin is administered should be more carefully studied. On some patients it acted admirably under certain conditions, and again in the same patients the same dose had produced very unpleasant symptoms. He had in mind the case of a lady who had taken it several times with almost immediate relief, in seven and a half grain doses, repeated in one hour if the first dose was not sufficient. But on another occasion, when the drug was made use of, it brought on ununpleasant symptoms, such as cyanosis, dizziness, trembling, purple lips, and purple finger nails.

Dr. J. S. MILLER, of Peoria, remarked that in the treatment of diphtheria it seemed to him that, as Dr. Truesdale had said, we should adapt our remedies to meet the indications and emergencies of our cases.

He had used antipyrin in one case of typhoid fever, and it produced almost fatal collapse. He had recently treated a case of malarial neuralgia with most excellent effect with antipyrin; a few doses controlled it immediately.

Dr. J. W. MORGAN, of Port Byron, had used the biniodide of mercury in the treatment of diphtheria with gratifying results. It was far better than corrosive sublimate from the fact that it was the most diffusable mercurial preparation we have.

Professor BILLINGS, in closing the discussion, said the paper was not intended to embrace the treatment of diphtheria, phthisis pulmonalis, or anything else, but was simply a résumé of the progress made in medicine during the year.

COMMITTEE ON GYNÆCOLOGY.

Professor A. Reeves Jackson, of Chicago, chairman of this committee, read a paper entitled "A Plea for Conservatism in Gynæcology," which appears in another part of this journal.

Dr. T. M. Cullimore, of Jacksonville, read a paper on the "Menopause and the Pathological Conditions Incident to it."

DISCUSSION.

Dr. O. B. WILL, of Peoria, in opening the discussion, said that so far as he was personally concerned he could indorse every sentiment expressed in Professor Jackson's able paper. He could not agree with Dr. Cullimore, however, that the menopause, or change of life, was pathological. It is a physiological change, and as such, under

circumstances of good general health, will terminate favorably in each instance.

Professor C.W. EARLE, of Chicago, said, in commendation of Professor Jackson's paper, that it was timely and exceedingly appropriate, and he thought it absolutely necessary that some one should read just exactly such a paper as Professor Jackson's with the hope of eradicating or removing the craze that had seized a large number of physicians for operating.

Dr. C. TRUESDALE, of Rock Island, remarked that he may have misunderstood Dr. Jackson in the beginning of his paper as to whether he commended the work of Lawson Tait and Sir Spencer Wells. If he understood the matter aright, a laparotomy that had for its object the removal of the uterine appendages was an operation that was being greatly abused, and that if there was any man responsible for it, it was Lawson Tait, for he had operated in this way oftener than any other man in the civilized world. He would admit that Tait had been sucessful in his operations, if the reports of percentages of death could be relied upon.

Professor JACKSON, in closing the discussion, said that his allusion to the work of Sir Spencer Wells and Mr. Tait was only intended to show that, whether they were always right or wrong, there is a foundation for the great amount of work they had done and are doing, as he considered them honest, and highly commended them in such a line of work; but he had reference more particularly to the fact that, perhaps, hundreds of lives had been sacrificed through the indiscriminate use of the operation by inexperienced, ambitious imitators, whose desire was to open the abdomen and cut something out.

SECOND DAY—Morning Session.

ANTISEPTIC OBSTETRICS.

The chairman of this committee, Professor C. W. Earle, called attention to the following questions:

First. Does the high rate of mortality still remain in the private practice of obstetrics?

Second. Can the extreme low rate of mortality attained in hospital obstetric practice be obtained in private practice?

Not many years since Mr. Lawson Tait paid a visit to Professor Tarnier at La Maternite. The Professor called the attention of Mr. Tait to a linear chart on the wall of his room, showing the total death-rate of women confined in that hospital from 1792 to 1886. This record is divided into three periods: (1) That of inaction, in which the mortality was from 9.3 to 20 per cent.; (2) the battle of hygiene against infection and contagion, with a mortality of 2.3; (3) the victory of antiseptics, with a mortality of less than 1 per cent., and in the Tarnier pavillion, since June, 1880, with 785 deliveries, not a death has taken place.

About the year 1847 Semmelweiss wrote: "Puerperal fever has existed for two hundred years; it is time that it should disappear."

Concerning puerperal fever in ancient times we know but little. Litzman believes it should be classed among the modern diseases. But in 1864 it raged in the Hotel Dieu, in the Dublin Maternity in 1672, and again in 1774 in Paris and Dublin, and up to the end of that century in Vienna, Berlin, Giessen, Copenhagen, and St. Petersburg. In the last named place, in 1825, one in eleven died; in Lombardy, between 1786 and 1887, not a patient survived.

About 1880, Pasteur believed he saw the microbe of puerperal fever. Condensed from practical use, it has been demonstrated that (1) the air and water of the earth are crowded with organized microscopic beings; (2) they live and multiply at the expense of organized matter; (3) their penetration into the tissues produces disease; (4) the skin, respiratory and digestive passages furnish the channels into the body; (5) a healthy tissue has never produced a microbe; (6) any abrasion of tissue against

which these microbes come makes it possible for them to enter the system; (7) unless germs are brought from without there can be no infection; (8) many things in regard to their virulence, nature, contagion, age, and development, are yet under consideration. The application of these principles has given the victory to antiseptics in hospitals.

As soon as it is known that confinement of a patient is about to take place, Professor Earle is in the habit of requiring her to take a warm bath, the lower part of her person is to be washed with carbolized water. It is also requested that one or two carbolized vaginal injections shall be taken during the first stage of her labor.

The nurse should subscribe to certain rules of cleanliness. The lying-in chamber should be in a room where no infectious diseases have been treated, and all bed clothing should be prepared by boiling in a given per cent. of carbolized water. Do not select a matress which is filthy for fear that a better and cleaner one will be soiled by blood and other discharges during confinement. Do not provide pieces of old comforters, the sanitary condition of which is problematical. Do not borrow syringe or bed-pan, and assure yourself that those you have are boiled or washed in hot water and thoroughly carbolized.

Committee on Obstetrics.

Dr. George Wheeler Jones, of Danville, the chairman, said:

During the past year very little, if anything, of special importance has occured in this branch of medicine which could be called strictly new.

Cæsarean Section.

The propriety of this operation in a large proportion of cases usually relegated to craniotomy has been presented with arguments of so forcible a character as to demand the attention of every accoucheur. The line of reasoning in favor of the operation of abdominal section is directed largely toward the rights of the child. With the operation, as improved and modified by Saenger, the reduction of mortality to both mother and child has been so great as to make the preference for the abdominal section not a matter of question, but greatly one of choice where there is reason to presume that the child is living, and the slight resulting injuries to the mother in case of her presumable recovery would suggest its extreme propriety, if not preference, where the fœtus is dead.

Conservative Obstetrics.

The tendency of the day and hour is more and more toward conservative obstetrics—place the patient in the best possible condition and let her alone. Crèdé takes such extreme grounds, and goes so far in this matter, that he makes his diagnosis of position, condition, and advancement of case by external palpation and manipulation of the uterus through the walls of the belly, leaving the genitalia entirely alone. That ordinary accoucheurs will ever reach this degree of skill, or that it is best they should, is open to very serious doubt. Indeed the amount of injury possible to both mother and child by careless external manipulation is too great to justify the efforts, except at the hands of those exceptionally skillful.

An adherence to the general rules of which Crèdé is the exponent, along with carefully inducted asepsis, will reduce the proportion of cases of puerperal fever to so small a minimum as to make it relatively scarcely worth considering.

Treatment of Extra-Uterine Pregnancy.

The treatment of extrauterine pregnancy has been placed upon a firm basis from which there will not soon be any departure.

Electricity has robbed it of its terrors and placed it within the cure of readily curable conditions, for which physicians could not be too thankful. Eclampsia has another antagonist in the form of vera-

trum viride, which is being boldly advanced as a specific by several reliable practitioners. It must be given fearlessly in full doses. Its action is that of a vaso-motor paralyxant. Antipyrin and acetanilid, especially the latter, are growing in favor as reliable remedies for controlling many of the abnormal nervous manifestations of pregnancy. They control reflex irritability in a remarkable manner, and in the cephalalgia of the first stage, where there is convulsive action, Dr. Jones had been delighted several times with the action of acetanilid. He gives this agent in many cases where he formerly gave an opiate, and liked its action much better.

SECOND DAY—Afternoon Session.

Professor F. S. Johnson, of Chicago, one of the special committee to report on the *Present Status of Bacteriology in its Relation to Disease* read a paper on "The Bacillus in Syphilis."

Few questions, he said, in medicine have received more attention than that of the nature of the poison of syphilis. Early in this century the most able investigators had given it careful study, but not until within the last few years has there appeared to be any real advance in the knowledge of the subject.

In 1884 and 1885 Lusgarten found a bacillus which he describes as follows: In size and shape it very closely resembles the *tubercle bacillus* of Koch, and *lepra bacillus* of Hansen. It is sometimes bent at an angle, or is spoon-curved. In color reaction, it is also similar to the tubercle bacillus. It does not occur, however, in the tissue spaces, but is found in cells; very few are found in the lesions. They are found in all the lesions of syphilis primary, secondary, and tertiary, and are found in the syphilitic secretions.

Matterstock found, also, that the conditions best suited to the development of the smegma bacillus were (1) a mixture of the secretion from sebaceous glands and macerated epithelium; (2) equable temperature of about the body warmth, and (3) an acid reaction of the cultured medium.

SUMMARY.

1. A bacillus recognizable by the form, size, and color. Reaction has been found by a number of observers in all syphilitic lesions, and in all stages of the disease, and has also been found in the blood of syphilitic patients. There is a widespread belief among investigators of this subject that this organism has an etiological relation to the disease.

2. This bacillus is not uniformly found in the secretions of ulcerating, syphilitic lesions.

3. A bacillus almost identical in form, size, and color reaction has been found in the secretions of the external genitalia of healthy persons.

4. The possible presence of this smegma bacillus in the secretion of doubtful sores renders microscopical examination of the secretions in these cases nearly valueless.

COMMITTEE ON DERMATOLOGY AND VENEREAL DISEASES.

Professor H. J. Reynolds, of Chicago, referred first to a case of Tylosis of the Hands.

In an article on the uses of concentrated lactic acid, by Dr. J. P. Knoche (Jour. Cut. & Ven. Diseases, April, 1887), he states that he found that by rubbing in the undiluted acid for a few minutes and gentle scraping that much of the thickening could be removed. He again applied it seven hours afterwards, and in twenty-four hours was able to remove the thickening completely, leaving the skin soft and smooth. He then treated the parts with oxide of zinc and tar ointment, but found in about a week the growth began to reappear. The acid was again applied and repeated, using the above ointment at intervals, and after a few months of this treatment the parts remained cured. When applied two or three times daily it is a most efficient treatment for warts. In freckles and chloasma he found the acid when diluted to one-third

its strength and applied daily to be the the most efficient means employed for that purpose.

CHANCROID.

In treating this affection he had used almost nothing in the way of medicine but pure impalpable boracic acid, ordering the patient to wash the parts in soap and water, three or four times a day, before applying the powder. The ulcers treated in this way would heal remarkably well.

Dr. G. W. JONES, of Danville, in opening the discussion, said he emphatically endorsed Dr. Reynolds' treatment of chancroid. He had found nothing so useful as impalpable powder of boracic acid in the treatment of such affections, more particular in women where the vaginal canal could be packed with it.

Dr. J. H. MILLER, of Oconee, said that in addition to boracic acid in gonorrhœa he combined with it the sulpho-carbolate of zinc with good effect.

Dr. MILLER, of Peoria, remarked that he had used boracic acid almost exclusively during the past three or four years in treating chancroids. The ulcers or sores had healed most kindly, and no destructive action had taken place in the cases which formerly gave him so much difficulty and annoyance.

In addition to pain, the patient sometimes complains of a sense of fullness or swelling, of dryness, burning, tickling, or itching, or simply of discomfort in the parts. There is neither fever nor acceleration of the pulse, excepting as a result of anxiety or alarm. Usually there is neither cough nor expectoration, but in certain localities the irritation may excite cough. The tongue may be slightly coated; but usually the appetite is good, and indeed the general condition is that of perfect health.

COMMITTEE ON OPHTHALMOLOGY AND OTOLOGY.

Dr. S. S. Bishop, of Chicago, read a paper on "A New Otoscope (pneumatic) for the Diagnosis and Treatment of Middle ear Affections under Passive Motion," and exhibited the instrument which he had devised for the purpose named. It consists of a small milled cylinder with an ear funnel of the most serviceable pattern at one end, and an eye piece containing a lens, around which revolves an adjustable mirror, at the other end. In the side of the cylinder an aperture admits light to the reflecting surface beneath. At the funnel end of the instrument is a pneumatic chamber provided with a rubber bulb with a flexible tube ending in a diminutive syringe, or a lip piece, as one may prefer.

He said the value of passive motion in the treatment of stiff joints and atrophied tissues is well recognized in general surgery. The application of the same principle to the same conditions in aural surgery is attended with equally beneficial results.

THIRD DAY—May 17.

Professor D. W. Graham, of Chicago, read a paper on "Some Points in Hernia Clinically Considered," in which he advocated the following points:

1. An umbilical or femoral hernia, with pronounced symptoms of strangulation, demands herniotomy without previous resort to taxis.

2. Irreducible omental hernia, with or without symptoms of strangulation, demands operation for the patient's safety.

The following papers were also read:

Professor E. Fletcher Ingals, of Chicago, read a paper on "Chronic Rheumatic Laryngitis, or Chronic Rheumatic Sore Throat," a painful affection of the throat, chronic in character, but varying much in severity from time to time, and attended by only slight physical changes in the parts involved. Usually some part of the larynx is involved, and as in the first case of the kind observed, this organ was always implicated.

The affection is frequently mistaken for a simple neuralgia of the parts, connected with some occult lesion, which the unac-

customed eye apparently detects in the normal condition of the parts.

Affections similar in some respects have been described as "neuralgia of the pharynx or larnyx." Of the latter condition, Morell McKenzie, in his classic work on "Diseases of the Throat and Nose," says: "It is apparently very rare." McKenzie had met with only nine cases, and the pain was either on the right or left side, and darted from the larynx to the ear. It was usually confined to one side; in all cases it was distinctly intermittent, and in three cases it was relieved by pressure. Eight of the cases recovered under persistent use of quinine and local sedative applications, but all were obstinate.

It attacks all persons with the same impartiality as does rheumatism, but it is more frequent in those who are subject to sudden exposure. The disease presents no anatomical characteristics, but in most cases there are circumscribed spots of slight but changeable conjestion and swelling.

In treatment, Professor INGALS had derived considerable benefit from local sedative or stimulant applications, according to the nature of the case, but had placed great reliance upon the internal remedies which are indicated in rheumatism in other parts. Of these, salicylate of soda, iodide and bromide of potassium, salol, cimicifuga, phytolacca, guiac, oil of wintergreen, and stillingia had all been tried with more or less benefit, but he had derived the best results from the extract of phytolacca, gr. III or IV, three or four times a day, with tonics and gentle laxatives, and the occasional use of iodide of potassium or the bromide of potassium, when the throat symptoms were very annoying. As local applications, he had derived most benefit from the spray of a mixture of morphia 4 grs., carbolic acid and tannic acid āā gr. XXX, glycerine and water āā oz. iv., to be applied once a day, or a weaker solution of the same applied more frequently. In some cases tincture of iodine, a 60-grain solution of nitrate of silver, or a superficial application of the galvano-cautery, has proven useful.

"The External Application of Sulphur in Sciatic Neuralgia," by J. W. Cowden, of Rock Island.

"Possibilities of Volapük, or Universal Language, in Relation to Medical Science," by David Prince, M. D., of Jacksonville.

"Digestive Ferments for Dissolving False (diphtheritic) Membrane," by Dr. A. J. Saunier.

OFFICERS FOR ENSUING YEAR.

President—Charles Warrington Earle, of Chicago.

First Vice-President—P. H. Oyler, of Mt Pulaski.

Second Vice-President—George L. Eyster Rock Island.

Permanent Secretary—D. W. Graham, of Chicago.

Assistant Secretary—T. M. Cullimore, of Jacksonville.

Treasurer—Thomas M. McIlvaine, of Peoria.

Members of Judicial Council (whose term of office expires in 1891)—G. Wheeler Jones, Danville; E. T. Goble, Earlville; Dr. Donaldson, Morrison; A. K. Vanhorn, Jerseyville.

STANDING COMMITTEES.

Practice of Medicine—F. C. Robinson, Wyanette; Elbert Wing, Chicago; J. W. Newcomer, Petersburg.

Surgery—L. L. McArthur, Chicago; J. S. Miller, Peoria; W. W. Barritt, Onarga

Obstetrics—O. B. Will, Peoria; T. J. Pitner, Jacksonville; A. F. Rooney, Quincy; R. H. Engert, Chicago.

Gynæcology—Henry T. Byford, Chicago; C. Truesdale, Rock Island; E. P. Holderness, Chenoa.

Drugs and Medicines—J. L. Hallam, Centralia; W. T. Thackeray, Chicago; F. J. Parkhurst, Danvers.

Ophthalmology and Otology—H. M. Starkey, Chicago; J. F. Keefer, Sterling; A. E. Prince, Jacksonville.

Necrology—E. Ingals, Chicago; J. H. Rauch, Springfield; J. S. Whitmire, Metamora.

Publication—D. W. Graham, Chicago; T. M. McIlvaine, Peoria; J. W. Cullimore, Jacksonville.

Diseases of Children—A. T. Darrah, Bloomington; Catharine Miller, Lincoln.

SPECIAL COMMITTEES.

Physiology—Alfonso Wetmore, Waterloo.

Electricity in Gynæcology—F. H. Martin, Chicago.

Dermatology—R. W. Bishop, Chicago.

Antiseptic Obstetrics—J. B. Davison, Moline.

Bacteriology—Frank Billings, Frank S. Johnson, Chicago.

Legislation for the Insane—Clark Gapen, J. G. Kiernan, Chicago; E. P. Cook, Mendota.

The Neuroses, Functional and Reflex—Geo. Wheeler Jones, Danville.

Surgery of the Joints—A. E. Hoadley, Chicago.

Compound Fractures—D. A. K. Steele, Chicago.

Uterine Hæmorrhage—Thomas Galt, Rock Island.

Diseases of the Alimentary Canal—A. J. Baxter, Astoria.

Medical and Sanitary Legislation—B. M. Griffith, Springfield; W. A. Haskell, Alton; John L. White, Bloomington; Albert B. Strong, Chicago.

Influence of Appreciable Meteorological and Topographical Conditions on the Prevalence of Acute Diseases—Nathan S. Davis, John H. Hollister, James F. Todd, Chicago; Edgar P. Cook, Mendota; Geo. W. Jones, Danville.

Biographical—John H. Hollister, Ephraim Ingals, Chicago; Charles C. Hunt, Dixon; Francis B. Haller, Vandalia; A. M. Powell, Collinsville; Edgar P. Cook, Mendota; John S. Williams, Otterville; George W. Jones, Danville; Robert Boal, Peoria; Hugh R. Guthrie, Sparta; S. C. Plummer, Rock Island.

Improvement of State and Local Medical Organization and on Revision of the Constitution—Edgar P. Cook, Mendota; Thomas M. McIlvaine, Peoria; A. E. Goodwin, Rockford.

Next place of meeting, Jacksonville.

CHICAGO MEDICAL SOCIETY.

STATED MEETING, JANUARY 3, 1888.

The President, W. T. Belfield, in the chair.

Dr. Henry Gradle read a paper on "Morbid Nasal Irritability," which, he said, is a condition of morbid sensibility of the nasal surfaces associated with hypertrophy of the submucous cavernous tissue. The condition is confounded in text-books with chronic catarrh. The best account of it is in Mackenzie's article on neuroses of the nose, in the "Reference Handbook of Medical Sciences." The local reflexes form the basis of the present paper.

There is, first, the vascular reflex. The vascular or cavernous tissue normally developed to a slight extent at the front and rear end of the inferior turbinated bone, is enlarged and augmented, and may appear also on the side of the septum, on the floor of the nose, and on the front end of the middle turbinated bone. Through any irritation by dust or chilling of the surface this vascular plexus becomes engorged, and if well developed in proportion to the size of the nasal cavity it obstructs the passage. It is the temporary or fleeting character of the obstruction which characterizes the irritable nose, not any permanent narrowing of the passage. Almost invariably engorgement occurs on one side at a time, and then may jump over to the other.

Dependent upon this vascular dilatation is the second reflex, namely, sneezing. With the sneezing there occurs a third reflex, namely, copious secretion of clear mucus, indicating the absence of any inflam-

matory condition. This irritable nose may lead to reflexes in distant regions, as to the eyes, ears, throat or nervous system at large. The irritable nose may be a symptom of some other nasal disease, such as catarrh or the presence of polypi; it can also be caused by large irritated tonsils. But in many cases it exists by itself without any other primary disease to which it could be traced. It is very much influenced by the climate, and patients can get relief by going to the mountains of the West or to the Pacific coast.

In the treatment any traceable causes, such as tangible diseases of the tonsils, should first be removed. Quinine relieves the attacks, but probably does not cure them. No other drugs have seemed to him to be of any service. Where the condition is not symptomatic of another disease of the nose the only cure is the destruction of the cavernous tissue by the galvano-cautery, or in milder cases, by chromic acid. The latter agent is not as reliable as the former. A cure is possible whenever the extent of hypertrophied cavernous tissue is circumscribed, while where it is very diffuse, relief, but not an absolute cure, can be promised.

Professor N. S. Davis, Jr., reported a case of "Rupture of an Aortic Valve."

Four months previous to entering the hospital the patient was carrying a heavy load of coal up stairs when suddenly he felt something give way in his left side; he experienced considerable dyspnœa at once, and symptoms of cardiac insuffiency date from that time. At first the dyspnœa was noticeable chiefly on walking or on making rapid movements, but it was sufficient to necessitate his giving up all work. The dyspnœa increased steadily, and he became very markedly anæmic, and in addition exhibited signs of general œdema. At the time he entered the hospital there was ascites as well as extensive anasarca of the extremities. He was unable to lie with any degree of comfort, but had constantly to sit. The pulse was exceedingly feeble and very rapid.

A collection of fluid was found in one of the pleural cavities. The lungs were evidently œdematous. The action of the heart was rapid and feeble; the cardiac sounds were distant. There was present over both the mitral and aortic areas a regurgitant murmur. The area of cardiac dullness was greatly increased in all directions. There was no prior history of rheumatic trouble. The liver was considerably enlarged. A little later, on the day of admission, the house physician noticed that the patient was sleeping almost constantly, and that the heart's action was very much more feeble, and that the respiratory motions were only eleven to the minute. On arousing the patient the respiratory movements improved somewhat. On the following morning the patient was more drowsy, stupid, and sleepy. In the afternoon of that day he exclaimed suddenly that he felt faint, and with a gasp or two was dead.

The post-mortem revealed a small amount of liquid in one pleural cavity. The lungs were œdematous and quite firm in the lower and posterior parts from chronic venous hyperæmia. The liver was enlarged, unusually hard, and full of blood; the spleen normal; the left kidney normal; the right kidney had a slightly adherent capsule. The heart was greatly enlarged. In the pericardial sac there was an ounce and a half of fluid. Both of the ventricles were dilated without hypertrophy. On the right side the valves are normal, on the left side the mitral valves are normal, but the aortic valves are thickened. Nowhere is ulceration or destruction of tissue from that cause to be seen. The valves are not roughened. The part of the valve where there is loss of continuity is also slightly thickened. The break in continuity here seen occurs in the edge of the valve just where it should be attached to the aorta. If rupture took place, necessarily it took place four months before the death of the patient, and, naturally, thickening of the torn edges might occur. There is also present

in the aorta above the valves small areas of thickening and hardening. Taking into consideration both the morbid appearances and the history of the case, it is most probable that four months before death, at the time from which the patient uniformly dated his trouble, a rupture of the aortic valve occurred.

Dr. Norval H. Pierce reported a case of "Operation for Hæmothorax."

The patient, male, 19 years old, previously in good health, accidentally stabbed himself in the third intercostal space, half an inch to the left of the parasternal line. The wound was made with a knife-blade two inches long and half an inch wide. Dr. Pierce first saw the patient three and a half hours after the accident. He had had no treatment, and his condition is described as follows: Pale features, pinched, eyes sunken, and pupils widely dilated, surface cold and clammy, impaired hearing, pulse nearly imperceptible and very rapid, respiration sighing. There was very slight external bleeding at the wound, which was about an inch in length. From an inch above the sternum to the lower border of the liver the right side was dull, but at this time the liver was not displaced. No blood was expectorated. The wound, was closed antiseptically, an ice-bag ordered for the chest, warm bottles to the lower extremities, head lowered, whisky, half ounce every forty-five minutes, together with ergot, very little liquids, and absolute rest.

The pulse improved gradually, but the anæmia persisted, dyspnœa arose, together with great restlessness and troublesome insomnia, and the right pleural cavity remained flat on percussion; the lower border of the liver gradually descended, and the heart was displaced to the left. At this time the advisability of operative interference was discussed, but it was not undertaken.

On July 27 a gallon of dark-colored blood was drawn away. This did not cause the dullness over the right thoracic area to disappear, but relieved the difficult breathing and lessened the restlessness and insomnia.

On August 20, the lower border of the liver being within an inch of the ilac crest, another gallon was drawn away. Up to this time the temperature had ranged from 100° to 101° Fahr. Afterwards it fell to normal once or twice, but generally the thermometer registered 100° Fahr.

On September 5 diarrhœa set in, and lasted two or three days. Cough developed soon after, with very offensive expectoration. The line of the liver dullness was gradually descending, and extreme dyspnœa began. On September 23 there was a marked lowering of his general condition, and the operation for empyæma was attempted, but the patient bore the ether so badly that it was abandoned. The tissues of the seventh intercostal were therefore simply incised, about a gallon of fluid allowed to escape, and the opening plugged with iodoform gauze. At the end the patient was in a state of collapse. He rallied, however, and the next day a tube was inserted and the cavity washed with a saturated solution of boracic acid at 100° Fahr., which was repeated every second day thereafter. Fever and cough disappeared on the second day. The washings grew less and less colored, and in a few days the tube was removed.

As regards the place for the incision, the seventh intercostal space is too low, as after the first week the movements of the diaphragm interfered with the drainage, tube.

DISCUSSION.

Professor A. E. HOADLEY thought that the freedom of the hæmorrhage and absence of hæmoptysis indicated a wound of the internal mammary artery. He thought the hæmorrhage could have been controlled by introducing a button into the wound, such a one as would go through the wound with a string attached to it, pushing it into the thoracic cavity, and then by making trac-

tion on the string outside, it would have closed the bleeding vessels. As far as the tolerance of the pleural cavity of blood is concerned, there is no difference between the two cavities—abdominal and thoracic.

Professor W. T. BELFIELD exhibited a specimen of "Muscle Infiltrated with Trichinæ." It was a piece of gastrocnemius muscle from the leg of a man which was amputated because of disease of the knee joint. Some eighteen years ago this man, in company with a number of other individuals, ate of some poorly cooked ham and sausage; nearly all of those who partook of this article of diet became very ill within a week, and a large percentage died. This man was very ill for two months, and did not entirely recover his health for some four months. This man recovered, and during the succeeding 18 years has enjoyed good health, except that he has at various times, and more particularly during the last six or eight years, suffered from rheumatism in different parts of the body.

This muscle, like all the other muscles of the amputated leg, is thickly studded with trichinæ.

ANNUAL MEETING, APRIL 2, 1888.

The President, Wm. T. Belfield, in the chair.

The minutes of the last regular meeting were read and approved.

The annual reports of the secretary and treasurer, and of the auditing committee and committees on library and publication were read and severally accepted by the society.

President Belfield then delivered a brief address and offered some practical suggestions regarding the future work of the society.

He advised that the society adopt, in the near future, the plan of organization of the New York Academy of Medicine, namely, the organization of sections, one for each important subdivision—internal medicine, surgery, gnyæcology, etc. Each section to have its own officers and organization and hold independent meetings, which all members of the entire society have the privilege of attending; while the general society meeting should occur once each month. By this plan all the benefits of special societies are secured to specialists, with the additional advantage that their work is accessible to those who are not specialists—an exchange of mutual value. As the members of our local special societies are, almost without exception, members of the Chicago Medical Society also, this extension of the work could be accomplished without serious difficulty.

Two other subjects, of vital interest to the profession at large, should receive the immediate and earnest attention of the society:

First, it should be impressed upon the trustees of the Newberry Library Fund that that library—intended for general scientific as well as literary reference—should be equipped with files of the standard medical periodicals of all nations. We have long been aware of the dearth of medical literature in this city, and have made several attempts, through our library committee, to supply this demand. The small degree of success attained has been due chiefly to lack of money. Of this the Newberry Fund has plenty, and a very small fraction of the amount to be expended for literature will secure what is needed. Since this is one of the legitimate objects of the library, it is, probably, only necessary that the matter be properly brought before the trustees to secure their cordial assent.

The second object which this society can properly and profitably strive to attain, is the withdrawal of the licensing power in this State from the medical colleges, and its investment in a board of examiners free from all college affiliations. Of the desirability of the change there is but one opinion among disinterested persons, especially since the advantages of the plan have been amply demonstrated under European gov-

ernments as well as in several of our States. It seems eminently appropriate that this society—the largest in the State—should inaugurate a movement which must redound to the advantage of all reputable physicians in Illinois. The only opposition to be expected is by interested parties, particularly members of medical college faculties; and it is only just to state that these gentlemen are by no means a unit—in this city at least—in opposing the plan.

He regarded it as a pleasure as well as a duty to acknowledge that whatever of success attended the direction of the society's affairs during the past year had been largely due to the judgment and zeal of its secretary.

The election of officers for the ensuing year resulted as follows: J. H. Etheridge, president; A. E. Hoadley, first vice-president; R. D. MacArthur, second vice-president; Frank Billings, secretary; Frank S. Johnson, treasurer; J. H. Wilson, necrologist; Wm. E. Quine, member of committee on judiciary; Liston H. Montgomery, member of committee on membership; John Bartlett, member of committee on library; Wm. T. Thackeray, member of the committee on publication.

On motion an amendment to Art. IV of the By-laws was made so as to read: "The annual dues shall be three dollars."

A motion was made and seconded to adopt the following resolution: "That the committee on publication be instructed to publish monthly in pamphlet form the transactions of the society, and send a copy, by mail, to each member of the society and the prominent medical journals; the expense for such publication to be defrayed according to the provisions of Art. IV, Sec. 11 of the Constitution."

A motion was made, and carried, to amend the resolution, limiting the expense of such publication of the transactions to a sum not to exceed twenty dollars per month.

The amended resolution was then unanimously adopted.

STATED MEETING, APRIL 16.

President J. H. Etheridge in the chair.

Professor L. L. McArthur read a paper entitled "A New Abuse of Hospital Charity," in which he said: As I understand it, the aim of this society is not confined solely to the consideration of questions of scientific interest, but is to exercise also a sort of guardianship over the interests and welfare of the medical profession in general. I select this means therefore of calling the attention of the medical men of this country—for it is a question of general, not local, interest—because it may thus be better brought to their attention. "What's everybody's business is nobody's," is a trite saying, but applicable here, and unless some one takes the initiative, nothing will be accomplished; so, feeling as I do, that the interest of one is the interest of all, permit me to call your attention to a new abuse of the physician's charitable work. During the past few years there have been organized through the United States several alleged chartered corporations, styling themselves National Benefit Associations, Mutual Hospital Aid Associations, and the like, and offering for a small pecuniary consideration ($6 to $10) to insure *for one year* the provision of hospital care, medical service, nursing, medicines, etc., as follows:

A circular of one of them is as folllows:

The object and business of this company are to provide the best possible care and treatment for men wherever they may happen to be when sick or hurt, in consideratiun of a comparatively nominal annual payment.

To accomplish this, arrangements have been made with a large number of the best hospitals in the country (see list herewith), by which any man presenting one of our certificates will be admitted, and kindly cared for, and skillfully treated without further expense to himself.

A large class of men in this country who

are earning their living in the mills, and foundries, and large manufactories, or on railroads, in the logging camps, and mines, and the thousand industries that are developed by their labor, are subject constantly to severe sickness or injury, and generally find themselves at such a time sadly in need of the comforts, nursing, and proper food necessary to the rapid recovery of their health, and the healing of their wounds.

They are all right as long as they are strong and well, but when sickness or severe injury prostrates them, the strongest and roughest of them are like the merest child, and long for the comforts of home and the tender touch and intelligent care of some one who sympathizes with them in their sufferings. The place for them *then* is at a first-class hospital, where every provision is made for their care. Neat and quiet rooms, nurses trained and devoted to their high duty, skillful surgeons and physicians, medicine and apparatus in all forms known to the profession, and food carefully prepared for each patient's special case.

Our plan places all these necessities and comforts within the reach of the poorest man. With one of our certificates in his pocket, no matter where he is, he can rest assured that, if anything should happen to him, a hospital near by will welcome him, not as an object of charity, but as entitled to all its privileges, for he has paid for them in advance.

Hundreds of our certificate holders who have been in the hospitals from time to time during the past year, are ready to testify to the value of their investment, which amounts to only three cents a day, and are now most enthusiastic in praise of our plan.

Our certificates are sold by traveling agents, and at the hospitals, and will be sent by mail from our office. Each has the name of the chain of hospitals printed upon it, so that the holder may know where to apply, if occasion require, in any part of the country.

By the above you will see that no matter how well able to pay his physician a man may be, by the payment of $10 he is insured medical services for a period of one year, with or without the physician being consulted in the case. Upon investigation, however, these insurance companies turn out to be "one man" institutions, for whose sole benefit the scheme is devised and without his further exertion than to care for the cash account.

Their methods of obtaining business have been particularly shrewd and catching, something after this manner: The agent—*i. e.*, the company—goes or writes to every hospital of which he can obtain the address, states that he represents some influential insurance association, and in case of any of its members desirous to know the rates at which he may send them to that hospital. Having been told the usual price, he manages to make a contract with the hospital authorities to send all their cases for that district to that institution as per agreement. At first sight, to the hospital authorities, it seems a perfectly fair and just agreement, and they so sign for a number of years, thinking to lose nothing by taking them at cost price, and perhaps gain something by the advertising. A moment's consideration, however, will show that this is an imposition on the physician, who, however ready he may be to do a true charity, ought, if not in his own, at least in his fellows' interest, to emphatically object. We have already sufficient abuse of charity without permitting another scheme for the benefit of one at the expense of the many to be added to those existing. Of the long list of the most prominent hospitals in this country some have already perceived the injustice, and refused to extend their contracts, and were it brought by the staffs of the respective hospitals to the attention of the proper authorities I have no doubt they would refuse to renew those contracts already existing. In conclusion, let me say that no personal animosities or considerations have induced the presentation of this paper, but simply a desire to prevent the

further growth of an already prospering imposition.

This institution in Chicago, of which the circular is being passed around, is run in elegant style in the Phœnix building, with a large suite of offices. A man takes the $10 and insures the other man that he shall have a doctor's care the year round, if necessary, and the doctor receives no compensation for it, though many times the man is perfectly able to pay for it. He goes to a railroad president or vice-president and says, I have this long list of hospitals in my contract and I would like you to recommend it to your employés as a very cheap form of hospital insurance. He sees that it is a good thing for the men, and does so. The "one man" makes an easy living at the expense of the hospital surgeons and physicians, who must turn out at all hours of the day or night to benefit him.

Dr. C. S. BACON: From the description of the association given by the doctor, it seems that this is only one phase of the insurance business, and I do not understand that the companies fail to live up to their agreement. As far as appears from the paper they will in every case provide the hospital attendance, and as long as the company is a legal one, I do not see how it is to be blamed. If there is any blame it must attach to the hospital which will make such an agreement, and the paper is valuable as calling attention to the fact that hospitals, in this matter as in many other cases, are not just to the staff of attending physicians and surgeons. This is not a solitary case. It is well known that in many of the hospitals of this city, as in other places, patients are admitted who are well able to pay the attending physician, but by the rules of the hospital the physician must give his services for nothing. It is only by counting on the gratuitous services of the physician that they make the contract with the association. The blame, I should think, was entirely with the hospital and not with the association, which is a legally organized and honorably conducted insurance association.

Dr. GEORGE W. WEBSTER: I would just remark that a man came to see me a few days ago, from Iowa, who had lost one of his hands in an accident. He said he had one of these certificates from an insurance company—he had been insured in this city. He said he presented that at two hospitals in the State in which he was injured, two hospitals that were on the printed list of the company in which he was insured, and both hospitals denied having made any agreement of that kind, and he was not allowed to enter either of them. He said the company was simply a fraud.

Professor MCARTHUR, in closing the discussion, said: In regard to the location of the blame; I do not blame the man for trying to make as much out of it as he can. He does not do it for love, and the only ones who suffer are the physicians. In those cases in which the matter has been properly presented to the hospitals, for instance, St. Luke's, the trustees of the hospitals have refused to renew these contracts; I am pleased to know that they have done this in Iowa.

The PRESIDENT: I would like to ask the doctor if he knows the rate charged by these hospitals?

Professor MCARTHUR: Six dollars a week for ward, and $10 for private room.

The PRESIDENT: Do they make a special contract or reduction from these rates?

Professor MCARTHUR: The hospitals let them in on the ground floor and will take them at $6 a week and make a contract with the company, but the company make a contract with the insured for $6 or $10.

The PRESIDENT: I want to find out where this institution makes the money. The ordinary charge is $6 in the hospitals, and the hospitals must make a special rate lower than that in order for the association to make money.

Professor MCARTHUR: The hospitals charge them at the rate which is figured at

the end of the year as the average cost per patient, not to make, not to lose, $1.03 for St. Luke's. The money is made by the company by dealing in undelivered futures. They insure hospital care and medical services which in the majority of cases is never delivered. When delivered, no expense to company for medical care, no matter how long or how valuable. That is upon the annual cost, and they charge them the same rate. This institution has been going for a year, one in Portland, Oregon, for two years. One started up in Detroit, and one in Louisville.

Dr. R. TILLEY: Are all these associations run by the same person?

Professor MCARTHUR: No, sir; by different men. The Chicago association has a single representative.

Dr. Edwin Pynchon read a paper on the "Trituration of Alkaloids." He said: In its progress the science of medicine receives much assistance from the collateral professions, among which pharmacy and chemistry have been most liberal contributors. Of the products of chemistry the alkaloids merit consideration as being among the first in importance. In the alkaloid of a plant we have in a concentrated and invariable form the value—the medicinal worth of the plant. I say invariably, as a given alkaloid has ever the same chemical formula. In several cases a drug has been found to contain two or more alkaloids, though in such cases one of the same possesses pre-eminently, as compared with the others, those powers or properties which have been attributed to the crude drug. I believe where but one alkaloid is found it possesses therapeutically the properties of the mother remedy.

Two specimens of the same plant may differ as to the per cent. of alkaloid which they will yield. In other words, pound for pound, they differ in richness as to the quantity each may respectively contain of their active principle. In such case should a fluid extract be made from each specimen in accordance with the directions of the pharmacopœia how could it be expected that the two extracts would be of uniform strength? This condition of variance has been taken note of by some of our leading manufacturing pharmacists, who, in case of a few of the more active remedies, have attached to the container a note giving the per cent. of alkaloid which analysis has proven the preparation to contain. One manufacturer goes further by giving with each of the fluid preparations which he prepares, representing pound for pound, a printed formula for a test to prove that the preparation contains a required per cent. of the active principle. By a judicious mixing of the products of different percolations or distillations, as well as by dilution, a standard, which, though arbitrary, can be retained. In this way an uniformity of preparation is secured which cannot be had by following the pharmacopœia and is undoubtedly a step in the right direction.

If then, for example, the physician prescribes a fluid extract in order to obtain the effects of the alkaloid which it contains, why not prescribe the alkaloid itself and omit the starchy, coloring, and other inert matter of which the extract is composed? This query is equally applicable in case of the solid extract, tincture, etc. The more general employment of alkaloids has been subject to several objections. In but comparatively few drug stores can a full line of alkaloids be found. Again, as compared with more crude preparations, they are expensive, the greater number of them being imported, and principally of German manufacture. Other objections to their employment are the minuteness of the dose, requiring more delicate prescription scales than the average drug store is provided with, and particularly the difficulty in always remembering the *exact* dose, the importance of which, owing to the activity of the remedy, will suggest itself. The object of this paper is to show a means whereby these latter objections can be overcome.

In city practice, where drug stores are

accessible, it is customary to write prescriptions, but in many places and cases, were it necessary to await the arrival from the drug store of the remedies prescribed, the case would either have recovered or have terminated fatally. I favor the use of the pocket medicine case, containing a reasonable number of appropriate remedies with which to meet the most common indications found in acute diseases and emergency cases. By the use of the medicine case and through the palatableness of the remedies therein contained, the homœopathists have been enabled to secure much practice which would otherwise have fallen into the hands of regular practitioners. The employment or the pocket medicine case, will, to a certain extent, do away with the annoyance and danger of the substitution and adulteration which are occasionally practiced by disreputable pharmacists in the compounding of prescriptions, for no physician for his own use would buy other than the best and purest which can be obtained, and as the profit on compounding prescriptions is generally large, the physician can frequently furnish one or more of the needed remedies at one-tenth of the cost which the patient would entail at the corner drug store. This financial side of the question has often been the cause of the patient employing one of that school of medicine the practitioners of which furnish their remedies without charge. And again, when prescriptions are invariably written it often occurs that the druggist gets all the money which the patient can spare, and the poor *medicus* waits, and continues waiting for his pay until the patient's gratitude has been effaced by time, and while thus waiting not infrequently learns that death has come to cancel the obligation; whereas, had he furnished a portion of the medicine required he might have received at least a portion of his fees.

When, in addition to the foregoing, we take into consideration the promptness with which a remedy can be prescribed and the avoidance of the otherwise necessary trouble of the patient being obliged to send out to the pharmacy, and when after closing hour being subjected to extra delay as well as to extra expense, it is not difficult to see why the physician should provide himself with a case of remedies for bedside prescribing.

For this purpose it is desirable to select remedies of the greatest efficiency and concentration. As to form, the employment of liquids is not so convenient and cleanly as is the employment of granules and powders.

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What is next needed is to provide a system of preparing remedies in the form of powder which shall be practical and comprehensive and be a companion to the dosometric granule.

In the system of decimal triturations of the homœopathic school we have an indication of what is desired. In triturating the remedial agent with an inert powder, preferably sugar of milk, it is an undoubted fact, and most generally admitted by observing practitioners, that the action of the remedy is increased by such process of subdivision —oftimes developing properties which the crude remedy does not possess—and that it is thereby better absorbed and assimilated, and gives better and more prompt results. Now, while the 1X and 2X and in some cases the 3X triturations of the decimal system, which when given in the usual doses of three grains means a dose of either 1-3, 1-33 or 1-333 part of a grain, are allowable and are sensible preparations, it stops at that point, for 4X means a dose of only the 1-3333 part of a grain, which is an amount too minute to warrant further consideration, unless prescribed as a placebo. The centesimal system of trituration, one of the wild vagaries of Hahnemann, does not merit attention.

It will be observed that the principal defect of the decimal system is that the arithmetical progression employed is too rapid. What can be done with the many agents the medicinal dose of which is between the

1-3 and the 1-33 or between the 1-33 and the 1-333 part of a grain? A system of trituration and nomenclature is desired by which this objection will be removed.

I employ a numeral which I have called the medical denominator; hence triturations prepared in accordance with this system can be known as "denominator triturations." In this system, as with the decimal, the medium or general adult dose is uniform, to wit, three grains, which, by the way, can always be accurately measured by means of the three-grain spoon, which at the opposite end is provided with a smaller concavity which when even full contains two grains.

I have triturated one grain of a given alkaloid with a sufficient number of grains of sugar of milk so that three grains shall contain the usual adult dose. As a title after the name I affix a number which is the number of grains containing one grain of the remedy. For example, taking sulphate of morphine, the average dose of which is 1-8 of a grain, I triturate one grain thereof with twenty-three grains of sugar of milk and mark it "Morphiæ Sulphas 24"; of this preparation the number of grains given at a dose is always the numerator over the denominator 24. Thus three grains is 3-24 or 1-8; two grains is 2-24 or 1-12; six grains is 6-24 or 1-4, etc. The remedy is thus sufficiently triturated for accurate dosage and so plainly marked, that, while unintelligible to the layman, it reads in the clearest possible manner to the initiated. The numeral is written or printed in as large type as is the name of the remedy and is on a line therewith, so there is no second line with a large fraction in very small figures to decipher. One soon learns to associate the numeral with the name as a part thereof, and further to classify together those remedies which require the same denominator.

The denominators which I find are the best to employ are 3, 6, 9, 12, 18, 24, 30, 36, 48, 60, 75, 90, 120, 150, 180, 240, 300, 360, 450, 600, 750, and 900; 10 and 100 may also be employed, they being the equivalents respectively of 1X and 2X of the decimal system, and may be substituted one for the other as desired. I do not think that the benefits of trituration are secured when less than two parts of the inert powder are combined with one part of the remedial agent. This system of trituration need not be limited to the alkaloids, but may be employed with the resinoids, glucocides, oleo-resins, or with other agents, as arsenious acid or any other remedy which is employed in small doses. In like manner those popular preparations, the tablet triturates, can be marked with the denominator number and divided in three-grain tablets. If desired, they can be reduced to powder and the required dose measured with reasonable precision, which would also permit of the employment of tablets which have heen accidentally broken. This system of trituration and marking remedies will be found to be both convenient and practical by physicians who care to do any office dispensing. And the specialist may also find it of value in the preparation of powders for topical application, in which case such other inert powder as desired can be substituted for the sugar of milk.

There has within the past year been put upon the market a class of remedies advertised as "alkatrites," which are similar to the preparations which I suggest, inasmuch as they are triturations which it is intended shall be given in three-grain doses, and in each case there is marked on the vial, in small figures, the quantity of the alkaloid which each three grains contains. It can easily be seen that it would prove at least annoying when the dose is increased or diminished to tell easily and quickly the exact amount being given. These remedies are triturated with an inert coloring matter, which is not a bad idea, as it is a proof of thorough trituration.

Dr. ROBERT TILLEY: I supposed from the title of the paper that the doctor was going to talk about a peculiar method of tritura-

tion. With reference to his suggestion about the desirability of employing a pocket case; I suppose we all appreciate that—I do, at any rate. As to the use of the tablet triturations, I have been using them for years past. As to eligible preparations, I do not want any more eligible preparations than Fraser's, which give me all that I at present desire: those appearing in the elegant little tablets, practically without taste for the most part, and furnished with the most accurate dosing. I have tested them myself repeatedly. The materials are all of the very best. For instance, referring to the proto-iodide of mercury, commonly and erroneously called the green iodide of mercury, there is no better preparation of proto-iodide of mercury on the market than that which Fraser supplies. It is true he obtains the proto-iodide of mercury from McKesson & Robbins, who have given special study to the proto-iodide of mercury. I have observed and demonstrated that in the large part of the proto-iodide pills on the market, the peculiar green and blackish color, from which the preparation has been called the green iodide, is due to a certain amount of red iodide, a certain amount of metallic mercury, and a certain amount of black oxide, associated of course with the yellow iodide, and these constituents together form that muddy green from which the trituration is called the green iodide. I should think the preparation could be made very much more acceptable by the manufacturer than the physician can make it for himself. The amount of machinery that is used by those who triturate these preparations efficiently is quite considerable, and I am satisfied that any one examining the subject would not suppose that he, in his own office, could triturate as well.

Dr. C. D. WESTCOTT: For a year or more I have been using the triturated alkaloids, as the doctor suggests, in a pocket case, and have had abundant proof of the greater efficiency of the alkaloids over fluid preparations as ordinarily obtained. For instance, in my case I always carry a triturate of aconita or aconitine, the alkaloid of aconite, and have found that by dissolving a certain number of tablets in a certain quantity of water (20 to 30 teasponfuls), I can regulate the amount of medication I desire to get, and obtain a more uniform effect than by the use of any fluid preparation.

Professor G. C. PAOLI said he could not favor the plan of carrying medicines in a satchel so long as he had reliable druggists to depend upon. He believed the fluid extracts made by scientific druggists in Chicago to be pure and to contain the proper medicinal strength. He did not favor granules, for he had known them to pass through the intestinal tract undissolved. He believed the old way to be the best, although he admits the granules are more inviting in appearance. But he cannot yet conscientiously use them.

The PRESIDENT: I was going to ask how the doctor would get along with the different cathartics; there are so few of them from which you could get a valuable alkaloid, and it is so very desirable to use that class of medicines.

Dr. EDWIN PYNCHON: In answer to that question, I will say that there are four or five cathartics from which we can get an alkaloid or glucocide, to wit, aloes, podophyllum, colocynth, leptandra, and jalap; these fill the bill very well. Of course this class of triturations cannot be used for all remedies. In the same way the metric granules are only suitable for those remedies given in a very concentrated form. Fluid extracts are only for remedies which are of vegetable nature, and soluble.

In reply to Dr. Tilley, I will state that it was not my intention that each physician should prepare his own triturations. The phraseology I should have used was that I had them prepared. If there were a demand for medicines prepared in the form of powder there would be plenty of firms who would be glad to so prepare them. The idea of prescribing medicine in pow-

dered form is general. The old Dover's powder is a common prescription, and it certainly ought to be as easy to prescribe a remedy in the nicer form. Alkatrites are being made in large quantities, which indicates that there is a field for such remedies.

As to Dr. Paoli's remarks; I do not wish him to understand that I depend entirely upon a pocket case. In fact I do not depend one-third of the time upon a pocket case, but write prescriptions frequently. As to the idea of alkaloids not being dissolved, my impression is that alkaloids are very soluble, and it is owing to their extreme solubility that they are as powerful as they are. If alkaloids are not soluble, prescribing them in the form of dosimetric granules ought to be more dangerous than prescribing them in the form of powder. As to the idea of following old ways; of course many are in the habit of so doing, and we cannot persuade them to do otherwise. I like the old ways when they are good, but prefer the new ways when they are better.

THE GYNÆCOLOGICAL SOCIETY OF CHICAGO.

REGULAR MEETING, MARCH 23, 1888.

The President, Henry T. Byford, in the chair.

The President exhibited two uteri, removed per vaginam for fibro-sarcoma and carcinoma respectively. The patients were aged 47 and 55 years, and have both done well since the removal.

Dr. Franklin H. Martin read a report of fifteen cases of fibroid tumors of the uterus treated by galvanism. From January 1, 1887, to January 1, 1888, he applied galvanism in strong, accurately measured, and definitely concentrated doses in gynæcological cases over fourteen hundred times. During this time he employed galvanism for uterine fibroids 623 times in fifteen cases. The results were as follows:

Not suitable for treatment, and recommended for operation	1
Benefited	4
Symptomatically cured	5
Absolutely cured	5

The author of the paper then selected and gave in detail the history and treatment of five cases, two of which were symptomatic cures, two actual cures, and the remaining case was benefited. He then reported in detail the fifteen cases already referred to. The strength of the current was usually 100 milliamperes, and was passed for five minutes at each sitting. The abdominal electrode was the large membraneous one of his own devising, already described in this journal. The intra-uterine electrode was also of his own design. He employed the positive pole in the uterus to control menorrhagia by reason of its causti ceffects, but at other times the negative.

Dr. J. C. Hoag, read a paper, in which he discussed some considerations regarding death of the fœtus in utero.

A careful inquiry concerning the comparative frequency of premature expulsion of the impregnated human ovum can scarcely fail to surprise the physician, although anything like statistical accuracy in its determination is, for very obvious reasons, an utter impossibility.

Good authorities are of the opinion that we may safely reckon one case of abortion in the first months of pregnancy to every eight or ten cases of parturition at full term. Accordingly, the importance of careful study, to ascertain as fully as possible the proximate causes of this occurrence, cannot be overestimated.

As an example of the unsatisfactory state of our knowlege in this direction, one need only turn to the reports of large lying-in hospitals. In an interesting analysis of two years' work in Professor Gustave Braun's clinic, 6,230 labor cases are reviewed. Premature labor occurred in 565 cases, the causes being tabulated as follows:

Syphilis.....(about)	70
Pulmonary tuberculosis.....	9
Peritonitis	2
Other fevers.....	23
Faulty placental insertion.....	10
Vitium cordis.....	1
Injuries	7
Eclampsia.....	1
Induction of labor.....	4
Twin pregnancy.....	43
Total	170

This leaves 395 cases to be relegated to the category of the unknown.

In Braun, Chiari, and Spaeth's analyses of 7,835 cases of labor occurring in the Vienna Hospital for the year 1850–51, 393 cases of premature labor are included. In only 126 cases, or one-third, could the cause be definitely determined.

CAUSES OF THE PREMATURE INTERRUPTION OF PREGNANCY

These may be considered as they relate, first, to the father; second, to the mother; third, to the ovum; and fourth, to traumatism.

Causes Referable to the Father.—These are constitutional vices, particularly those of syphilitic origin.

Causes Referable to the Mother.—These include general and local diseases, climatic and hygienic influences, and finally certain idiosyncrasies, which seem to be productive of abnormal irritability on the part of the uterus, even in the absence of recognizable lesions.

Causes Referable to the Ovum.—These comprise all diseased conditions of the fœtus and its appendages.

Traumatism includes accidents, efforts at criminal abortion, and the justifiable induction of labor.

In considering the subject of abortion in general, one can scarcely fail to be struck by the disproportionate frequency in multiparæ, and this seems clearly to depend on local diseases, such as endometritis, metritis, and uterine displacements.

If we exclude attempts at criminal abortion and the justifiable induction of labor, traumatism may be said to include only a small proportion of the causes of abortion; thus, in the two analyses above referred to, we find only fifteen cases referable to injuries in a total of 904 cases.

But whatever may be the mediate causes of the interruption of pregnancy, the death of the ovum is almost without exception the immediate cause of the awakened uterine activity and the premature expulsion of the product of conception.

Death of the fœtus may be determined by disturbances of nutrition, due to faulty development of the ovum, and especially its appendages, which lead to abstraction from the fœtus of its supply of nutriment and oxygen.

Again, the exchanges between fœtal and maternal blood may be impaired by maternal hæmorrhages, whether from the uterus or from other organs.

As for syphilis, this may cause the death of the fœtus, either primarily or secondarily.

The point of this paper is to draw attention to the influence of endometritis in determining the premature expulsion of the ovum. The great frequency of this disease is a matter of daily observation, and its influence in the production of abortion cannot be doubted.

If a woman aborts frequently, we are apt to say she aborts because she has aborted, she is the subject of habitual abortion. With this we content ourselves, whereas, no doubt, a careful study of these cases would often lead to the discovery of a pathological cause of remedial nature.

In endometritis, extravasations into the hypertrophied tissue of the decidua often take place. If the disease is of moderate extent, or if it develops late in pregnancy, and does not involve the placenta itself, it may be borne without influence upon the development of the fœtus. If, however, it develops earlier or in a severer form, it may often compromise the life of the fœtus

by leading to endometritis decidua with its hyperplasia, extravasations, and fatty infiltrations. If the placental decidua be involved, labor, when it comes on, is apt to be complicated by adherent placenta with its consecutive dangers.

Report of Case.—He here offered for inspection a specimen of macerated fœtus with its appendages. The patient who gave it birth was born in this State. She is 24 years of age, well developed, weighing about one hundred and sixty pounds, is strong, and claims to have enjoyed very excellent health for the most part. She was married three years ago, her husband being a skilled mechanic of exemplary habits and enjoying fairly good health.

Seven months after marriage, the patient gave birth to a macerated fœtus of six or seven months' development. One year later, this occurrence was duplicated. About a year and a half later still, she gave birth to the fœtus which was exhibited.

The placenta of the first fœtus was somewhat adherent, and did not come away entire. The patient spent two weeks in bed, and, according to her own statement, was pretty sick. Subsequent to this, she enjoyed good health until after the birth of the second fœtus, since which time she has not felt as well as before marriage.

A leucorrhœal discharge made its appearance after the birth of the second fœtus, and has continued most of the time to the present day, and since this event her menstrual periods have been accompanied by pain, headache, and fever. The patient has never flowed much during labor, and never at all during gestation.

On the 28th day of last December the patient said that she had reason to suspect that pregnancy had been interrupted, and requested an examination.

The examination revealed a doughy condition of the belly, which was not distended in proportion to the supposed period of gestation. The position of the fœtal parts could not be made out. The os externum admitted one finger. A thick muco-purulent discharge of disagreeable odor was present in considerable quantity.

As regards subjective sensations, the patient said that the last fœtal movements had been felt four days before, and that they had grown gradually feebler before altogether ceasing. She had also experienced sharp pains in the abdomen, and had noticed a feeling as though the fœtus had turned over, such as is often described in connection with a dead fœtus. She had not, however, noticed the other sensations of mawkish taste in the mouth, languor, and a sensation of cold in the abdomen from stoppage of the fœtal circulation, and concomitant abstraction of heat from the uterus—a phenomenon, by the way, which has been made available as a diagnostic point in determining whether the fœtus has died or not. The patient was advised that she might expect the expulsion of the fœtus in about ten days; requested to use the vaginal douche.

On the 5th day of January, twelve days after the cessation of fœtal movements, labor began. The fœtus was discharged, with the membranes intact, the placenta soon following under the influence of gentle compression of the uterus. The placenta was intact, and labor ended with a moderate discharge of blood.

With the exception of the presence of a small fresh coagulum on the surface of the placenta, a pale color, and considerable friability of its tissue, nothing abnormal in its appearance could be discerned.

The fœtus corresponds to the sixth month of development. It exhibits the usual appearances of maceration.

At noon of the sixth day of the puerperium the patient had a chill, and some additional severity in the pains from uterine contractions.

The temperature, which up to this time had been nearly normal, was now found to measure 100.5°. The lochia was somewhat fœtid, but the patient said she had passed no clots whatever. A vaginal examination revealed a subinvoluted uterus.

At 5 o'clock p. m., the temperature was 101.5°, and the uterus was curetted with a modified Sims' curette, and a quantity of soft pulpy material, composed almost wholly of fibrin and blood corpuscles, was removed; the total bulk of this material was about equal to the volume of a three-ounce vial.

At first I was unable to reach the fundus uteri with the instrument, but after repeated efforts, which resulted in bringing away consistent masses half as large as one's finger, I was able to reach every part of the endometrium. Every stroke of the curette dislodged masses of fibrin, but even after a most vigorous scraping the endometrium at the fundus had a rough, knobby feel.

The following morning, the patient, after a good night's rest, had a normal temperature and felt far more comfortable than at any time since her labor.

The temperature remained normal for three days, when it exhibited a considerable exacerbation, and the uterus was douched again. The speculum was necessary, because it was impossible to introduce the nozzle without it.

In this case, neither the patient nor her husband has ever been the subject of syphilis. The patient herself has undoubtedly long suffered from endometritis, although this was perhaps not the occasion of her first mishap.

Dr. Hoag further said, the more I use the curette in puerperal cases, the better pleased I am with it. I prefer an instrument with a large scraping surface and with a long shaft, set in a convenient handle. The presence of foreign bodies in the puerperal uterus is sure to obstruct the progress of involution, and the depth of the canal is altogether disproportionate to the size of the retained decidual or placental tissue or coagulum. Duncan has reported a case where a small bit of placenta was retained in which, at the time of the removal of the tissue eight months after the expulsion of the fetus, the uterine canal was eight inches deep. In my case, I found that involution had made no progress at the time of the curetting, and the instrument which I used, although eleven inches long, was almost too short.

I cannot help feeling that the employment of the finger-nail as a curette is a dangerous procedure. It is of interest in this connection to note the results of some recent experiments by Professor Fürbringer, as reported in the *N. Y. Med. Record* of March 10. The experimenter, employing for his subjects thirteen assistants and chiefs of clinics, required them to carefully disinfect their hands according to the most approved methods. He then succeeded in extracting enough septic material from under their finger-nails to start colonies in twelve out of the thirteen cases.

ABSTRACTS AND EXTRACTS.

SPECIAL CORRESPONDENCE OF THE BRITISH MEDICAL JOURNAL.

PARIS.

Disinfection of Tuberculous Sputa—Transmission of Tuberculosis from the Human Subject to the Dog—Experiments on Hereditary Alcoholism—Chloral in Diphtheria.—At the meeting of the Société de Médecine Publique et d'Hygiène Professionnelle, February 22, 1888, M. Grancher gave the results of researches made by himself and Dr. De Gennes, on the disinfection of tuberculous sputa. The air exhaled by tuberculous patients does not affect animals, therefore it does not contain bacilli. M. Grancher and Dr. De Gennes disinfected tuberculous sputa with carbolic acid at 5 per cent.; potassium, at 5 per cent.; sulphate of copper, at 5 per cent.; chloride of zinc, at 5 per cent.; corrosive sublimate, at 1 per cent. Guinea-pigs were submitted to injections of sputa thus disinfected. The results were not encouraging; the corrosive sublimate alone appeared to kill the tuberculous bacillus. It is difficult,

however, and even dangerous, to use it at 1 per cent. Guinea-pigs were inoculated with sputa which had been mixed with hot water, and exposed to a temperature of 60°, 80°, and 100° C. It was discovered from these experiments that the bacilli resist water at 60°, are nearly always killed at 80°, and at 90° and 100° are always killed. MM. Geneste and Herscher have constructed an apparatus to be placed near each hospital ward. M. Lailler asked if it would not be possible to have one apparatus only for each hospital, on account of the expense; and if the apparatus could not be heated by steam instead of gas. Dr. Ollivier remarked that M. Grancher's experiments proved the insufficiency of the ordinary means of disinfection, such as chloride of zinc. Meat should be always well cooked, and when prescribing it raw, the physician should ascertain that only non-tuberculous mutton was used. M. Grancher replied that raw meat was not dangerous. The experiments of M. Nocard prove that the bacillus of tuberculosis rarely exists in the flesh or juices of animals that die of this disease unless there be tuberculous glands.

Dr. Bourgougnon publishes in the *Journal de Médecine*, March 18, 1888, a case in which tuberculosis was transmitted from a human being to a dog. "The patient had suffered for some time from a slight, dry, exhausting cough, feverishness at night, and intermittent pains in the thorax. His father died of an affection of the heart, his mother of phthisis; two sisters died from tuberculosis, one at 19, the other at 27 years of age. The patient, when first examined, presented no symptoms of tuberculosis. After some months, however, cough and fever increased; the patient became breathless after going up stairs, lost flesh, and had nocturnal sweats. In the month of February, 1886, distinct crepitations and dullness were heard under the left clavicle. Finally, in October, 1886, he died with all the symptoms of pulmonary tuberculosis, the disease having lasted about fifteen months. On first visiting the patient I noticed a dog, whose extreme thinness attracted my attention. This dog barked at me whenever I entered the room, and I observed that after barking he was seized with a fit of coughing. The persistence of this symptom, together with the continual loss of flesh, awakened my curiosity, and reminded me of the cases of contagion reported by Dr. Léon Petit. I advised the patient to have the dog sent to a veterinary surgeon. This was done, with the result that the animal was pronounced to be tuberculous. The dog became worse and worse, extremely thin, its hair rough, and as stiff as if it had been brushed backwards. The owner would have had it killed, as its cough was distressing, the expectorations frequent, and the appetite quite lost, but I asked him to let the disease take its course, that the veterinary surgeon and I might make a *post-mortem* examination. Meanwhile I learned that the dog had been given to the patient's sister as a puppy, and during her illness had been literally brought up in her bed. After her death my patient had taken care of the dog, which had thus been brought up in contact with two tuberculous patients. The dog died in the last stage of phthisis in November, 1886. M. Plouchart, veterinary surgeon, of Tours, made the *post-mortem* examination in my presence. The lungs were riddled with tubercles; the left lung contained many patches of softening. The peritoneum was covered with miliary tubercles. The left kidney presented a great number of miliary tubercles; in the right we found four or five tuberculous nodules in process of softening. The stomach and intestines were healthy. It is evident that the disease was transmitted to the animal by my patient and his stster, tuberculosis being of very rare occurrence in dogs. The mode of transmission is not quite clear. The dog doubtless absorbed bacilli from swallowing the sputa or vomit of the patients, yet the healthy condition of the stomach and intestines would point

to its having acquired the disease by the respiratory organs."

At the meeting of the Académie des Sciences on March 5, MM. A. Mairet and Combemale related their observations on the degenerative hereditary influence of alchohol. Twelve puppies were born of a dog submitted to chronic intoxication with alcohol, and a young, healthy bitch with no defect. Two were stillborn, three died accidentally; the seven others succumbed to various diseases—epileptic attacks, verminous enteritis, pulmonary and peritoneal tuberculosis. At the necropsy, lesions, evidently arising from alcoholic degeneration, were found—thickening of the bones of the skull, premature closing of fontanelles, adhesion of the dura mater to the cranial bones, difference in weight of the cerebral hemispheres, fatty degeneration of the liver. A strong, intelligent bitch, during the last three weeks of gestation, was intoxicated with absinthe, and gave birth to six puppies, of which three were stillborn; two were well developed physically, but were not at all intelligent; the third—a bitch X—grew slowly, presenting defective intelligence and a remarkable degree of anosmia. X, presenting symptoms of degeneration more especially of the nervous system, was coupled with a strong, intelligent dog. She gave birth to three puppies, one of which had flat foot, atrophy of several of the toes, wolf's mouth; a second died of marasmus; the third was attacked with atrophy of the hind legs. From the latter case it would appear that the degenerative influence of alcohol is greater in the second than in the first generation.

Dr. Adolphe Mercier (of Besançon) has utilized the antiseptic properties of chloral in the treatment of diphtheria in children with excellent results. He proceeds in the following manner: when the tongue is thick, coated, and swollen, the child is given an emetic of ipecacuanha, without tartrate of antimony, which causes prostration. When vomiting has ceased, sirup of chloral, prepared according to the French codex (at 5 per cent.), is given every half-hour, in doses of two, three, or five grammes, according to the age of the patient. It is better to begin by giving the child rather large doses in order to keep him in a state of somnolence, as medicine is then more easily administered. The submaxillary and anterior regions of the neck are covered with a thick layer of belladonna ointment, and wrapped up in cotton-wool. In order to keep the throat impregnated, and prevent the chloral from causing pains in the stomach, the patient is given something to drink every time before, and not after, taking that remedy. As long as he continues taking chloral, to which M. Mercier regularly adds sirup of bark, the patient may eat and drink whatever he fancies—milk, wine, lemonade, or any solid food. This treatment must be rigorously carried out during forty-eight hours. No change ever takes place before twenty-four hours. In forty hours the false membranes begin to come away, and have completely disappeared by the forty-eighth hour. In the case of patients with fair hair and white skin, they may only come away on the third day. After the separation of the false membranes, the sirup of chloral causes smarting in the throat, and must then be stopped. In rare cases the loosening of the false membranes leaves the tonsils red or swollen. An astringent gargle will do away with any swelling of that kind. A thick coating of vaseline applied to the neck will get rid of any pustular eruption caused by the ointment. If during the illness any spasms or dyspnœa occur, the throat is painted with a 1 in 50 solution of hydro-chlorate of cocaine. Prescribed in the last stages of the disease, when the voice is gone, and laryngeal diphtheria has set in, the chloral treatment would be rather injurious than otherwise.

VIENNA.

Excision of Indurated Tissue and Enlarged Glands in Syphilis—Erythrophlœin.—Dr. Neumann showed a patient from

whom he had a long time ago removed the primary hard sore, and the enlarged lymphatic glands, on the thirty-first day after syphilis had been contracted. A macular rash and desquamating papules nevertheless appeared over the lower part of the abdomen on the fifty-third day. The patient, who seemed to be quite cured after a long course of treatment, came again under the care of Professor Neumann, on April 16 of the present year, with the following syphilitic lesions: gummatous orchitis; syphilitic ulcers and gummata on the posterior wall of the pharynx and the soft palate, as well as periostitis of the tibia. This observation sufficiently proved, in the opinion of the speaker, that extirpation of the primary indurated chancre and the lymphatic glands not only did not prevent the spread of the syphilitic affection, but that it did not even make the course of the disease milder.

Dr. Adolf Onodi gives, in the *Orvosi Hetilap*, a summary of his observations on twelve patients, and concludes that erythrophlæin is undoubtedly a powerful anæsthetic, the effect of which comes on more slowly, but, on the other hand, lasts much longer, than that of cocaine. Local anæsthesia persists for eight hours and even longer from the time of instillation. It has, nevertheless, very disagreeable after-effects, such as headache, giddiness, sometimes even fainting fits; in particular it dims the cornea for several hours. When applied to the nose, the mouth, the soft palate, and the external orifice of the urethra, a 0.20 per cent. solution caused a slight sensation of burning. He did not venture to use stronger solutions.

BERLIN.

Dangers of Antiseptics. — At the last meeting of the Berliner Medicinische Gesellschaft, Dr. Emil Senger read a paper on the influence of antiseptic remedies on the organs of the body, with special reference to operations on the kidney. It is well known that after nephrectomy, or even nephrotomy, many patients die with symptoms of uræmia or anuria, even when it had been ascertained beforehand by careful examination that the other kidney was quite healthy and capable of secreting the necessary amount of urea. Dr. James Israël, chief surgeon of the Berlin Jewish Hospital, has propounded a very complicated theory as to certain nervous sympathies between the two kidneys, whereby an operation on one may give rise to degeneration of the other. Senger has now proved by experiments on rabbits and dogs that our antiseptic remedies are the cause of these complications. He injected into the animals, when in perfect health, one tenth or twelfth part of the quantity of corrosive sublimate, carbolic acid, etc., which is sufficient to kill them. He then extirpated one kidney, and examined it microscopically, with the result that in all cases he found glomerulonephritis. There was exudation between the glomerulus and the capsule, and the epithelium of the tubuli contorti was almost entirely destroyed. He found also fatty degeneration of the liver, the spleen, the heart-muscle, etc. The various antiseptic agents were found to be injurious in different degrees, corrosive sublimate being the most dangerous, then the others in the following order: iodoform, carbolic acid, salicylic acid, boric acid. Senger therefore recommends surgeons to avoid antiseptics in operations on the thorax and abdomen, and urges them either to employ sterilized water after the manner of your compatriot Mr. Lawson Tait, or a solution of salt. By bacteriological and pathological researches he proved, first, that this kills the streptococcus pyogenes aureus in twenty-eight minutes, and that the effect is independent of the degree of concentration, for a 5 per cent. solution is just as effectual as a 20 per cent. Secondly, he claims to have shown that chlorate of sodium does not in any way injure the organs, and that no dose is strong enough to kill any animal.

SALICYLATE OF MERCURY IN VENEREAL AND CUTANEOUS DISEASES.

Lajoux and Grandval, of Rheims, were the first to make a chemical study of salicylate of mercury, in 1881, their observations being published in the following year, in the *Journal de Pharmacie et de Chemie*. In 1886 a Brazilian student, A. Duprat, presented to the Société de Biologie de Paris a note on the physiological action of salicylate of mercury, in which he reported some experiments made with this salt on frogs. In the same year Professor Silva Araujo, of Rio de Janeiro, made a clinical study of the salt, and within a little more than a year about a dozen communications from his pen have appeared on the same subject.

In April, 1887, Dr. Bruno-Chaves, of Rio de Janeiro, wrote in the *Medical and Surgical Reporter* of Philadelphia, in regard to the use of salicylate of mercury in syphilides: "Our success exceeded our expectations, and from what I have observed I am convinced that the salicylate of mercury will become as esssential to therapeutics as the iodide of potassium, calomel, and other useful medicines." From the more recent reports on the subject it appears that he did not over-rate the value of the drug. Its value in ophthalmology has been tested and confirmed by such men as Moura Brazil and Neves da Rocha, Lara, and Guedes de Mello. Ribeiro dos Santos, of Bahia, whose clinic is very large, speaks highly of the drug in conjunctivitis and iritis of syphilitic origin.

Of its physiological action Duprat says: We may conclude that it acts on the central bulbo-medullary system, the action seeming to be that of the components, mercury and salicylic acid. Joâo Paulo, of Rio de Janeiro, confirms Araujo's observations and results with the drug, and says that it is a more powerful drug than the phenate of mercury. He has had excellent results in administering it to syphilitics in increasing doses, from 5 millig. to 5 centig., preferably in the form of pills.

Bruno-Chaves recommends the following formula, known as Delgado's unalterable mercurial pills:

Salicylate of mercury....0.01 centig.
Extract of carobe.....0.05 centig.
Extract of licorice.....q. s.
Licorice powder.....q. s.

This is the formula for one pill; 2, 3, or 4 of these are to be taken a day in the more common cases. They may be covered with some protective substance, or simply silvered.

Mixed with vaseline the salicylate of mercury may be used externally. It unites intimately with fatty bodies, and forms a very homogeneous mass with them. Administered topically, in doses of 50 centig. up to 2 grams of the salicylate to 30 grams of white vaseline, the drug has an excellent effect in some syphilitic affections. The drug has been used also for subcutaneous injections by Moura Brazil and Neves da Rocha, in the proportion of from 5 to 10 millig. to 10 grams of distilled water.

For injections into the urethra the following solution has given good results:

Salicylate of mercury.....0.15 centig.
Rose water .....250 grams.
Carbonate of soda .....q. s.
To be given in three injections a day.

This formula may be used also as a collyrium, as has been done by Moura Brazil and Ribeiro dos Santos.

In a large number of cases in which the drug was used internally by Bruno-Chaves in one case only was even slight intestinal irritation observed, nor does it produce stomatitis, unless taken in very large doses.

But the good effects of the drug are not confined to syphilitic cases. Silva Araujo says that in the parasitic dermatoses (eczema marginata, pityriasis circinata, parasitic sycosis, pityriasis versicolor, tinea favosa, tinea tonsurans) it has an energetic action second to none of the parasiticides in general use; and it has the advantage of being odorless and unirritating when the doses are proportioned to the intensity of the dis-

ease to be combatted. One Brazilian dermatologist reports a cure of a case of trichorrexis nodosa (trichoptilosis) affecting the moustache.

Bruno-Chaves reports good results from its use in lepra, used in connection with gynocardic acid (the active principle of oil of gynocardia, or chaulmoogra oil). The patients recovered normal sensibility, and the leprous patches disappeared. It is true that the cases were mild, but there has been no recurrence. Silva Araujo speaks highly of its action in lepra. Bruno-Chaves has used the gynocardate of mercury in leprosy, in pills of 0.05 grams, made with .10 centig. of extract of gentian, and a sufficient quantity of powdered licorice.

Moura Brazil was the first to use the drug in diseases of the eye.

He gives it internally in the form of pills, and in his very large practice he has not found a single patient whose stomach refused to tolerate them. He has had the best possible result in 45 cases of iritis, 50 cases of choroiditis, 10 of scleritis, 25 of retinitis, 8 of muscular paralysis, and 3 of neuro-retinitis. He has had good results in a case of papillary atrophy of syphilitic origin, in lymphatic keratitis, in pustular conjunctivitis, and in impetiginous eczema of the pupil. In purulent conjunctivitis, the drug has a great advantage over nitrate of silver, since it causes less pain, and does not stain the hand of the physician. In simple conjunctivitis Moura Brazil uses a solution of 50 centig. to 30 grams of distilled water; in blennorraghic conjunctivitis the solution is 1 gram of the salt to 30 grams of water.—*Annales de Dermatologie et de Syphilographie, April* 25, 1888.

THE CHARTER OF THE COLLEGE OF SURGEONS.

The official announcement made by Sir W. Hart Dyke in the House of Commons, and the report which we publish in another column of the proceedings of the Council of the College of Surgeons, will afford to the profession what is probably to the bulk of our readers the sensation of a painful surprise. The Privy Council, under the well-devised official formula of declining to deal with contentious matter, have practically refused off-hand the applications of the fellows and members for amendments of the charter. There are probably few precedents for dealing in this summary way with a petition of so many thousands of the members of a college for the better recognition of their rights in their own corporation. The Privy Council, or rather the one or two distinguished gentlemen who act for it in these matters, received in this case a petition of almost unexampled numbers and weight from the educated members of a professional body, and a further formal request from a delegated deputation that if their claims were not admitted they might be heard by counsel in support of them. Nevertheless, it now appears that, without reply from the existing authorities of the college, and even without the usual courtesy of any further communication with the association of members, the advisers of the Queen have summarily snuffed out their claim. Such a course of action calls for immediate and energetic protest. The claims of the members may be right or wrong, but no steps have been taken to convince them that they are unfounded either in policy, justice, or law. No answer of any sort has been vouchsafed to their arguments or their claims, although these were based, among other things, upon the strongest allegations as to the true constitution of the body whose charters were in question, and showed strong reasons for the belief that many matters in the existing organization amounted practically to an abuse.

The Privy Council cannot have convinced itself either of the impolicy or of the want of legal basis for these contentions, since it neither received any answer in respect to them from the promoters of the charter nor afforded any opportunity for a judicial or quasi-judicial consideration of

the issues involved. Trusting to the usual fairness and courtesy of great official bodies in such matters, no discussion has meantime been raised in Parliament, and at this period of the session it is difficult, if not impossible, to secure the attention of Parliament to the subject in any effective manner until next February. It is perhaps undesirable that the members should be driven to enforce the rights they claim by any litigation with their own college, and especially so as these claims are much more largely based upon questions of public policy and general justice than of technical legal right, although the latter would appear not to be wanting.

Even yet, however, it is not too late for Her Majesty's advisers to reconsider their present attitude towards the question. It would appear to be still open to the members to address an immediate petition to the court praying that the matter of such petition and of the previous petition signed by 6,000 members of the college already before the Privy Council, may be remitted to the Privy Council in its judicial capacity for further debate in order that they may advise the crown with judicial responsibility, after hearing such evidence as the parties interested may desire to produce and the arguments of counsel thereon. We believe that there is nothing contrary to constitutional practice in such a course, although precedents of this precise character are, of course, rare, as are the circumstances which lead to it. It is highly unsatisfactory that so important a question should be burked by an official body, which practically sets aside a claim the equity of which it neither discusses nor decides. It must not be forgotten that even the limited supplemental charter which it is now proposed to grant will perpetuate and increase that autocratic form of administration against which the bulk of the members have petitioned and protested, by empowering the existing authorities to hold and administer even a larger amount of corporate property than that which they already possess. The members can hardly allow the matter to rest here, if they are well advised and properly led.—*British Medical Journal.*

TRANSPLANTATION OF NERVE FROM THE RABBIT TO MAN.

Dr. Gersung, of Vienna, assistant to Professor Billroth, has recently performed a novel and interesting operation—the transplantation of nerve from the rabbit to man. The case has not hitherto been published in any medical journal, but owing to its general interest the bare fact had found its way into the lay newspapers. Our Vienna correspondent has received from Dr. Gersung a verbal account of the salient points of this most remarkable operation, which has so far been conspicuously successful. The patient is Professor von Fleischl, the distinguished occupant of the chair of physiology in the University of Vienna; sixteen years ago he accidentally wounded himself while couducting a *post-mortem* examination, and severe inflammation of the whole right upper limb ensued. During the course of the disease the terminal phalanx of the thumb became gangrenous. The stump thus left was painful, and later on re-amputation was performed. This was followed by the formation of neuromata. For this condition the branches of the median nerve which supply the thumb were first resected, together with the terminal neuromata, and at a later period, when new neuromata began to develop, the central parts of the same nerves, together with the branches of the radial nerve, which supply the thumb, were resected. Fresh neuromata now developed on the branches of the median nerve, which were treated, without any success whatever, by the injection of hyperosmic acid and electrolysis. Two years ago the neuromata were resected again, and the resection of the nerves was continued as far as the "ligamentum carpi volare"; on this occasion, the branches which supply the radial and the ulnar sides

of the index, as well as the radial side of the middle finger, were resected to a great extent. The forefinger now became anæsthetic, except the dorsal aspect of its first phalanx, which, as is known, is supplied by the radial nerve; in the same way the whole radial side of the middle finger became anæsthetic. The pain, however, again recurred, as after the previous operations, and during the course of the second week after the last operation, the patient became aware that a fresh neuroma was developing. The suffering finally became so severe that the patient wished to undergo another operation, in order to procure, at least temporary relief. Accordingly, the following operation was performed: On March 4 the patient was put under the influence of chloroform, and the neuroma, which was situated behind the volar carpal ligament, was excised, the nerve being cut through behind the neuroma. The peripheral nerve stumps of the two digital branches above mentioned were then sought for. A rabbit was now killed, and as long a piece as possible of the sciatic nerve of the animal, with the two branches into which it becomes divided, was dissected from it (the animal still presenting voluntary contractions). The sciatic nerve was afterwards inserted into the space between the central stump of the median nerve and its digital branches; the central end of the sciatic nerve was sutured to the connective tissue which covered the median nerve, and the two branches were sutured to the digital branches of the median nerve; the portion of nerve, measuring about six centimètres, which was deficient, was thus made up. After the operation severe pain persisted for some hours, but then entirely subsided. Healing took place by first intention. As two months have now elapsed since the date of operation and the pain has not returned, it may be hoped that the favorable result will become a permanent one. Sensibility, moreover, is becoming re-established in the part. Dr. Gersung has postponed the publication of the case, because he wished to observe whether complete sensibility would return; he hopes with confidence that this will be the case. The ultimate result will be awaited with great interest; for if it is as favorable as now appears probable Dr. Gersung's recommendation that the operation should be given an extended trial will doubtless be widely acted on.—*British Medical Journal.*

ANTHRAROBIN.

It is to Liebermann that dermatologists owe the introduction of this new drug, the chemical composition of which is much like that of chrysarobin. It is a powder, with large grains, whitish yellow, and when placed in contact with the nasal mucous membrane, causes a special irritation. It may be mixed with oil, or incorporated with lard or lanolin. It dissolves in 6 parts of glycerine (at a temperature of about 100° C. ?), as well as in a mixture of 10 parts of cold glycerine, and 5 parts of boiling alcohol, when it takes a deep yellowish-brown color. It dissolves in the same proportion in an aqueous solution of borax; in pure water it is but very slightly soluble.

G. Behrend has used this drug in all the dermatoses in which chrysarobin is used. The following are some of the formulas used:

Pomades:

Anthrarobin.....	10 grams.
Olive oil.....	30 "
Lanolin.....	60 "
Anthrarobin.....	20 grams.
Olive oil.....	
Lanolin aa.....	40 grams.
Anthrarobin.....	10 grams.
Olive oil.....	15 "
Axungium r.....	75 "
Anthrarobin.....	
Olive oil aa.....	20 grams.
Axungium.....	60 "

Alcoholic Tincture:

Anthrarobin.....10 grams.
Alcohol.....90 "
Dissolve.
Anthrarobin.....20 grams.
Alcohol.....80 "

Dissolve the anthrarobin in the boiling alcohol.

Glycerine Solution:

Anthrarobin.....10 grams.
Glycerine.....80 "
Dissolve by heat.

Aqueous Solution of Anthrarobin and Borax:

Anthrarobin.....10 grams.
Borax..... 8 "
Distilled water.....80 "

Anthrarobin.....20 grams.
Borax.....35 "
Glycerine.....
Alcohol aa.....90 "

Behrend has used these formulæ in a large number of cases. He has continued the external use of the drug for weeks without causing pruritus or inflammation of the skin, even when applied to the face and to the eyelids. Immediately after frictions with it there is a certain amount of burning, but this disappears after a few minutes, as a rule, though it may last for an hour.

In regard to its therapeutic action, anthrarobin holds a place between chrysarobin and pyrogallic acid, but it has the advantage over the latter of having no toxic properties. Its action is markedly increased by previous frictions of the skin with black soap, or with spirit of soap. When applied to the skin it causes a brownish color, indicating oxydation, and it is to this phenomenon that its therapeutic action is probably due.

Up to the present time Behrend has used the drug in psoriasis, herpes tonsurans, and erythrasma, and has reason to be well satisfied with the results.—*Therapeutische Monatshefte*, No. 3, 1888.

THE AVINE ORIGIN OF DIPHTHERIA.

It has been known for some years that birds and poultry are subject to a disease which corresponds to what in the human being is known as diphtheria. Several foreign observers have gone a step further, and have endeavored to show that the disease is capable of transmission from animals to human beings. Last year Dr. Turner drew up an interesting report for the local government board bearing on this alleged transmissibility, and he adduced a large number of observations which seemed to indicate a connection between a diphtheritic affection, not only in fowls, but in rabbits and cats, and a similar affection in man. The report comprised several instances in which the "strangles" in horses appeared to give rise to a like train of symptoms. In a thesis by Dr. Menziès, the transmission of the disease from animals to man is attributed to the dejections of the former. Diphtheritic affections among fowls are very common in Italy, and he quotes an instance in which four out of the five children of a medical man were attacked and died. In this case he incriminates the thatched roof, which was inhabited by colonies of fowls, geese, pigeons, etc. The dejections of these animals, washed off by the rain, found their way into the cistern or well from which the supply of drinking water was drawn. The danger had been recognized, and the servants were forbidden to use the water for domestic purposes. As the proper well was at some distance from the house, however, the order had been contravened, and when the epidemic appeared among the poultry, the children promptly succumbed. The remaining child owed his immunity to the fact that he never drank water. The same concatenation of circumstances was observed in several outbreaks elsewhere.

In 1884 an epidemic of diphtheria occurred in Skiatos, an island off the coast of Greece. Dr. Bild was called to a girl of twelve with symptoms of diphtheria, of

which she died. On the day of her death seven other children in the same quarter of the town were attacked, but there was no reason to suppose that they had contracted it from the first. Subsequently the epidemic spread all over the town; it lasted five months, and caused thirty-six deaths. On inquiry it was ascertained that in the garden of the house at which the disease first manifested itself, a number of turkeys had succumbed to a disease which was characterized by the presence of false membranes of a gray color in the larynx. Moreover, one of the few surviving animals was found to be suffering from paralysis of the legs. The prevailing wind passed directly over the field, and blew the dust into the houses, thus affording every opportunity for the transmission of the virus. There would thus seem to exist *à priori* grounds for believing that diphtheria is mutually exchangeable between man and certain animals. It is therefore incumbent on all medical men, especially those who take an interest in their profession, to inquire into the history of all cases of diphtheria with a view to furnishing evidence bearing on this point. It is essentially a question to be decided by observation, and this only medical men can properly carry out.—*Medical Press and Circular.*

WEIL'S DISEASE.

Within the last two years, another disease, bearing a man's name, has been described and discussed. We have now Bright's, Addison's, Grave's or Basedow's, Raynaud's Friedreich's, Thomsen's, and Menière's diseases, besides Argyll-Robertson's pupils, Colles's fracture, and several surgeons' amputations. There are numerous objections to the practice of employing men's names to distinguish diseases. The taunt of the Psalmist against the heathen calling their lands after their own names does not apply to the present case, as the names in question, surnames of distingushed observers, are invariably attached by others to the diseases which these observers first described without the aid and convenience of nomenclature. Nevertheless, the practice is objectionable; it implies the glorification of men through disease, and, as part of a system of nomenclature, is faulty. Weil's disease is so-called for the usual reason—that is to say, it was first described by a physician of that name. About thirty cases have been noted, including those first detailed by Dr. Weil only two years ago. Dr. Fiedler has since written on the new disorder in the *Deutsch. Archiv*, Vol. XLII, part 4, page 281. His paper has already been ably condensed in the May number of the *American Journal of the Medical Sciences.* Fiedler concludes that the disease, first described by Weil in 1886, is not an abortive form of typhoid fever, as Dr. Weil has suggested. It is a distinct, acute infectious or toxic affection. The disease begins suddenly, without prodromal symptoms, but often with a chill. The constant symptoms are fever, headache, gastric disturbance, jaundice, and muscular pain, especially in the calves. The fever has a typical course, and lasts eight or ten days. Relapses have been observed. The spleen and liver are generally but not always swollen; the liver often becomes tender on pressure. Nephritis is often observed; herpes and erythema occur at times. The prognosis is generally favorable. Weil's disease is generally seen in hot weather, and men in the prime of life are the most subject to it. The cause is quite unknown, but butchers appear most liable to the disease, judging from the scanty statistics already at the disposal of the physicians who have studied Weil's disease.—*Exchange.*

FAITH CURES.

A recent number of our contemporary, the Philadelphia *Medical and Surgical Reporter*, brings prominently under notice the latest craze of the nineteenth century. From the report given it appears that in the States the dependence on the supernatural is quite as marked as in the old

country, and consequently the mischief proportionately large. It appears that a young married woman in Cincinnati was suffering from a carcinoma, and at the request of her husband, a medical man, the tumor was removed. In a comparatively short time the growth reappeared and grew with great rapidity. The poor patient now became importuned to undergo the "Faith Cure," and her husband was strongly denounced for offering opposition. In short, the case came under the pretentious workers of modern miracles, with the result that the disease steadily gained ground, and finally the patient died, and then followed the regrets that she had not called sooner, that she had shown want of "faith" in first trying rational means, and so forth. When we read such cases we almost despair of the progress of our race; we seem once more plunged into the intellectual inertia of the middle ages, and find ourselves still swathed with the cerecloths of superstition in an age of telegraphy. Legislation is powerless for good—nothing can open the eyes of the superstitiously blind, except scientific education. Let the rising generation get a good knowledge of science, and legislation is unnecessary. Superstitions fly from the light of science as owls and bats from the light of day.—*Medical Press and Circular.*

EXTIRPATION OF CONSTRICTED PORTION OF THE LIVER.

Dr. Langenbuch describes, in the *Berliner Klinische Wochenschrift*, No. 3, 1888, the case of a woman, aged 30, who had suffered for eight years from abdominal pain, most marked when she lay down. In the upper part of the abdomen a swelling could be felt. It was hardly perceptible externally, and extended from the ensiform cartilage within two and a quarter inches of the umbilical level. The swelling was smooth, tough, and elastic; its inner border was thick. Percussion impaired, the dullness being continuous with that corresponding to the area of the liver. Echinococcus or, more probably, constriction of liver, caused by clothing, was diagnosed. An exploratory incision was made, and a large mass of liver-substance, cut off by a deep constriction from the left lobe of the liver, was discovered. The mass in this case pressed the pyloric portion of the stomach, the duodenum, pancreas, aorta, with several great nerves and ganglia of the sympathetic against the vertebral column. The mass of liver was amputated, several pedicles being made out of the bands of connective tissue which still united it to the main part of the liver, and carefully ligatured. Hæmorrhage occurred on the evening of the operation; the abdominal cavity was opened up again, clots removed, and a vessel ligatured. The patient recovered for a time. Gradually ascites set in, with œdema. The abdomen was twice tapped, when the patient is said to have recovered completely.—*Exchange.*

THE PARKES MUSEUM OF HYGIENE.

Her Royal Highness, the Duchessof Albany, presented on Saturday last, at the Parkes Museum, certificates to the ladies who had passed an examination following a course of lectures on domestic hygiene given by Dr. Schofield on behalf of the National Health Society. Sir Douglas Galton, who opened the proceedings, spoke of the need which was felt by friends of hygiene and workers in sanitation at this critical point, when further progress of the sanitary education of the nation required earnest and concentrated effort, and expressed a strong belief that, if all the different sanitary and health associations were combined, ample funds for the endownment of a grand national college of hygiene, with affiliations in the chief localities of the empire, would be at once available. * * * * * *

A letter from Miss Florence Nightingale, expressing her deep sympathy with the objects of the Museum, especially with the ceremony that day, was read; it con-

tained the following passage: "Without women there can be no domestic hygiene. The first principles and work of sewerage, water-supply, and ventilation must, without the housewife, almost remain a dead letter. But let her be practically interested in how to keep air, earth, and water pure, and to admit light in her house, and the health and life-giving machinery is complete."—*British Medical Journal, May* 12.

TREATMENT OF MERCURIAL STOMATITIS.

Dr. E. de Renzi, of Naples, reports that he has treated several cases of mercurial stomatitis with corrosive sublimate with satisfactory results. He used this drug because he thought that a powerful antiseptic was indicated in a disease characterized by putrefactive processes. The sublimate was used as a mouth-wash, 25 centig. to 1000 grams of water being used in two days. On the first day the foul smell of the breath was removed, and within three days the redness and swelling of the mouth had diminished very much. The patients were cured on the fifth day as a rule.—*Rivista Clinica e Terapeutica*, February, 1888.

MISCELLANY.

A PROTEST AGAINST THE INTRODUCTION OF WATER GAS INTO PHILADELPHIA.

The College of Physicians of Philadelphia last week adopted a protest against the introduction of water gas into Philadelphia, based upon a report prepared by a special committee.

The committee reported that the various analyses of water gas, as published, show that it contains from 30 to 45 per centum, or even more, of carbonic oxide, while ordinary coal gas has in it from 3 to 7 per centum of the same compound. A comparison of the deleterious or poisonous substances yielded to the surrounding atmosphere during the combustion of an equal volume of each of the gases showed that the combustion of 100 cubic feet of coal gas would give rise to 55.84 cubic feet of carbonic oxide gas; whilst the combustion of an equal volume of water gas would generate 73.32 cubic feet of carbonic oxide. That is, the combustion of a given volume of water gas would produce over 30 per cent. more carbonic oxide than the combustion of an equal volume of coal gas, and would, therefore contaminate about one-third more the air of a room.

The relative poisonous properties of the two gases before they are burnt, the report says, depends upon the quantity of carbonic oxide in them, the other ingredients being comparatively harmless.

Dangers that already exist from this source would be alarmingly multiplied by the substitution of water gas for coal gas. In Troy, N. Y., during the winter of 1886-87, over fifteen persons were overcome by the escape of water gas from a leak in the soil, and required medical attendance to revive them. The inhabitants of an entire row of houses in the same city were similarly overcome, and in the cases which terminated fatally death was attributed to carbonic oxide poisoning.

It has been ascertained from Mayor Fitler that sufficient water gas would be introduced into the gasometers in this city to constitute one third of the entire bulk used, and that the manufacturers who will bid for the contract to supply the water product admit that it will contain 30 per cent. of carbonic oxide. After it is mixed with the coal gas, the substance which is supplied for illuminating purposes will contain 30½ per cent. of carbonic oxide. There is no limit of safety in the percentage of carbonic oxide, the report says, and the line must be drawn arbitrarily. The committee believes that 10 per cent. ought to be the maximum in any gas intended for use by the public as an illuminant. In Massachusetts a protest against the use of water gas

containing more than 10 per cent. of the deadly vapor was sent to the Legisiature with the signatures of all the leading physicians in the State, including the professors of Harvard College, and the medical examiners and health officers of the various counties and towns.

In conclusion, the committee recommended the adoption of the following, which was indorsed by the College of Physicians:

Whereas, the College of Physicians of Philadelphia has learned that it is proposed to furnish the citizens of Philadelphia with illuminating gas consisting of two parts of coal gas and one part of water gas, a mixture which would probably contain at least about 15 per cent. of carbonic oxide; and

Whereas, in the opinion of this college, the use of any illuminating gas which contains more than 10 per cent. of carbonic oxide would be attended with very grave risk to the health and lives of the citizens of Philadelphia; therefore, be it

Resolved, That the mayor of Philadelphia is hereby petitioned, that if, in his opinion, it be necessary to use water gas in connection with illuminating gas, that great care be taken to render it certain that the mixture shall at no time contain more than 10 per cent. of carbonic oxide.

THE STATE MEDICAL SOCIETY OF ARKANSAS.

OFFICE OF THE SECRETARY,
Little Rock, May 15, 1888.

Editor Chicago Journal and Examiner:

DEAR SIR: In compliance with instructions I transmit herewith the following resolutions adopted at the Thirteenth Annual Session of the State Medical Society of Arkansas, held at Fort Smith, April 25, 26, and 27, 1888, and ordered to be furnished to the American Medical Association, the medical and religious press, and to the State medical societies, soliciting their co-operation in bringing about a correction of these grevious and palpable errors:

Resolved, That the members of the State Medical Society of Arkansas have for years observed with pain and mortification the patronage given to charlatanism in all its multifarious aspects by the religious press of our country.

Resolved, further, and most specifically, That the appearance in religious papers, ostensibly published for the inculcation of truth and morality, of serious homilies on prayer and praise side by side with cures for consumption, cancer, Bright's disease, and other incurable ailments, to which an editorial indorsement is often given, as well as secret preparations under the cloak of remedies for disease, but really intended for purposes of fœticide and other immoral uses, largely tends to shake the confidence of the profession of medicine in the integrity and purpose of the managers and editors of such journals.

Resolved, further, That it has been the well-known custom of the profession to render services gratuitously to clergymen, which we do not regret, nor do we purpose to recall, yet we must assert that the frequent occurrence of indorsements and recomendations of the clergy of peripatetic doctors and advertising charlatans has in many instances been the only reward of our gratuitous services.

Resolved, further, That we are aware that the editors of religious newspapers admit the painful situation in which these advertisements place them, and attempt to excuse themselves by saying that it is necessary to take these advertisements in order to obtain means to conduct their papers; but in the language of orthodox theology we would say: "Put behind you that damnable doctrine that we must do evil that good may come."

Resolved, further, That, as a society, we declare that the continued perpetration of the above offenses by some of the clergy and religious press brings harm to the bodies of their constituency, and damages materially their influence upon the thinking class of the medical profession.

Resolved, That the Secretary be instructed to furnish copies of these resolutions to the religious and medical press of the United States, to the American Medical Association, and to the State medical societies, soliciting their co-operation in bringing about a correction of these grievous and palpable errors.

Very Respectfully,

L. P. GIBSON, M. D.,
Secretary.

The following act has been passed:

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the consent of Congress is hereby given to the city of Chicago, county of Cook, State of Illinois, to extend a tunnel, or inlet pipes, into Lake Michigan, so far as may be deemed necessary to insure a supply of pure water, and to erect a pier, or piers, and crib in the navigable waters of said Lake, for the making, preserving, and working of said aqueducts or pipes or tunnel, the plan and location thereof to be subject to the approval of the Secretary of War: *Provided*, That said said city shall furnish and maintain at its own expense, such beacon-lights or other signals on such piers or crib, as the Light-House Board shall prescribe.

Approved, May 9, 1888.

It is announced that THE COOK COUNTY DIRECTORY OF PHYSICIANS AND SURGEONS, which is to be published under the supervision and control of the Physicians' Collection Association, is nearly ready for press, and that it will be delivered during the month of July. The association has undertaken to present to the profession a work of merit and of value. It is stated that the book will be entirely reliable in its directory pages, besides possessing much additional information valuable for reference.

NINTH INTERNATIONAL MEDICAL CONGRESS.—The first two volumes of the Report of the Transactions of the Congress held in Washington in September, 1887, have already been issued. The remaining three volumes will be distributed during the summer. The volumes issued give full reports of the work of the first three sections of the Congress viz.: General Medicine, General Surgery, and Military and Naval Surgery and Medicine.

They are issued in good form and reflect credit on the publication committee.

THE RUSH MONUMENT FUND.—The American Medical Association is continuing its efforts, through its committee appointed for that purpose, to secure funds sufficient to erect a monument to the memory of Dr. Benjamin Rush, of whom a portrait appeared in the May number of this journal.

Medical-Director A. L. Gihon, of the United States Navy, is chairman of the committee and Professor George H. Rohe, of Baltimore, Maryland, is secretary.

In accordance with a resolution adopted by the Faculty of Medicine of the University of Pennsylvania, the first number of a medical monthly will be issued October 1, 1888, under the title "The University Medical Magazine. Edited under the auspices of the Alumni and Faculty of Medicine of The University of Pennsylvania."

BOARDS OF HEALTH IN OHIO.—By a new law in Ohio a board of health is to be established in every city or village containing more than 500 inhabitants.

Cincinnati has a crematory constructed with all modern improvements.

BOOK REVIEWS AND BOOK NOTICES.

THE THROAT AND ITS DISEASES, INCLUDING Associated Affections of the Nose and Ear.

With 120 illustrations in color and 200 engravings, designed and executed by the author, LENNOX BROWNE, F. R. C. S. E., Senior Surgeon to the Central London Throat and Ear Hospital, Surgeon and Aural Surgeon to the Royal Society of Musicians, Consulting Surgeon to the Newcastle Throat and Ear Hospital, etc. Second edition, rewritten and enlarged. Pp. xviii, 614. Philadelphia: Lea Brothers & Co. Chicago: A. C. McClurg & Company. 1887.

The first edition of Mr. Lennox Browne's work on "The Throat and its Diseases," which appeared in 1879, was limited in design to the consideration of diagnosis and treatment. This strictly clinical aspect of the case was, however, presented in a style so precise and forcible that a desire was at once excited for an equally lucid and authoritative treatment of associated pathological states and questions. The book is now before us in its second edition, rewritten, enlarged, and with the pathological deficiency abundantly provided for. The author has for twenty years enjoyed exceptional clinical advantages, and as a laryngologist ranks a peer among his fellows of the English metropolis. Truly literate, possessed of broad ideas, a sound judgment, a high regard for the practical, and withal an artist of considerable ability, he has succeeded in infusing an individuality into his book which makes the work truly his own.

The first eight chapters are devoted to the special anatomy and physiology of the larynx, pharynx, and nose, and to general diagnosis, semiology, and therapeutics, including consideration of electrical and lime-light illumination, photo-laryngoscopy, etc. Dissatisfaction is expressed with all forms of electrical illuminating apparatus yet devised, preference being accorded to the oxyhydrogen lime-light when extra illumination is necessary. Prominence is given to Leiter's leaden coil as a temperature regulator. It is readily adapted to the form of the neck, and serves as an elegant substitute for the poultice, and especially the troublesome ice-bag, as a means of subduing acute inflammation of the tonsils, pharynx, or larynx.

It is to be regretted that in the consideration of chronic pharyngitis, the various forms of this disease had not been more carefully differentiated. Doubtless the hypertrophic, the atrophic, and the simple chronic pharyngitis are pathologically stages of the same imflammation, yet clinically, and especially from a therapeutic point of view, they are so distinct that word-pictures of each were desirable.

Varix of the base of the tongue, associated with lymphoid hypertrophies at the same point, the author thinks accountable for many pharyngeal paræsthesiæ which are often erroneously attributed to hysteria.

So much nonsense has been informally promulgated concerning the operation of tonsilotomy that we quote the following passage from this authority: "Chronic enlargment of the tonsils is only to be treated satisfactorily by the one method of excision, and there does not appear any valid reason why there should be two opinions on the subject." It is assumed, of course, that the operation be skillfully performed. The chapters on "Cancer of the Tonsil" and on "Lupus of the Mouth, Pharynx, and Larynx," are unique and deserving of careful study.

Mr. Browne enters a powerful plea in favor of the non-identity of croup and diphtheria. Attention is drawn to the fact that false membranes of the same macroscopic and microscopic character as those of diphtheritic origin can be produced on the mucous lining of the air-passages by every kind of traumatism. A lady, by accident, received some eau de Cologne into her trachea by her nostril. Membrane was profusely developed on the third day, and on the fifth day a perfect "cast" of the larynx and trachea was expelled entire. This is—

(1.) Traumatic exudative laryngitis or traumatic croup.

(2.) Simple exudative laryngitis or *true croup* is a local inflammation in which an exudation develops varying in extent and consistence according to the intensity of the factor, which is principally atmospheric, *e. g.*, exposure to keen northeasterly winds, together with a constitutional state not accurately determined, which appears to predispose certain families and certain members of a family to this form of inflammation. This is the analogue in children to œdematous laryngitis in adults, and it bears the same relation to diphtheria as enteritis to enteric fever. The term "exudative" is preferred to "membranous" because the exudate in milder cases may be only mucus or pultaceous.

(3.) Secondary exudative laryngitis is an inflammation which occurs as a result of some of the exanthemata, as typhus and typhoid. "All of these three classes of membranous inflammation are mainly distinguished by the conspicous absence of certain grave constitutional symptoms ands equelæ, from—

(4.) Diphtheritic exudative laryngitis or true diphtheria.

Whilst laryngeal phthisis is conceded to be generally *secondary* to pulmonary tuberculosis, the possible occurence of *primary* tuberculous laryngitis is considered established and competent evidence in support of this position is cited at length.

Syphilitic laryngitis, benign and malignant neoplasms, and neuroses of the larynx all receive detailed consideration. Chapters XXIV and XXV are devoted to nasal and naso-pharyngeal affections, and Chapter XXVI to "Aural Maladies Associated

with Naso-pharyngeal Disease." The limitation of space has necessitated the generalization of these morbid conditions under a classification of quite moderate extent. Nothing short of an additional volume could do justice to the subject.

The work is completed by a chapter of formulæ for remedies, and fifteen plates comprising 121 beautifully colored figures drawn from nature on the stone by Lennox Browne himself. To faithfully represent nature in color seems impossible, at least without an indefinite multiplication of stones in the lithographing process, but the drawing of these is accurate and the coloring is artistic and highly suggestive. It was the intention of the author to have them so arranged in binding that each plate could be opened out to lie beside the book for study during perusal of the text; thus avoiding the annoyance of constantly turning the leaves. But instead, the American publishers have bound the plates as ordinary leaves at the end of the book thus subjecting the readers to an inconvenience which detracts much from the profit and pleasure of reference. Otherwise the work of the publishers has been well done.

It is a book which will be read with gratitude to the author by every specialist on the subject, and one which meets the requirements of practitioners and students. W. E. CASSELBERRY.

THE PRINCIPLES AND PRACTICE OF MEDICINE. By the late CHARLES HILTON FAGGE, M. D., F. R. C. P. Including a section on cutaneous diseases, by P. H. Pye-Smith, M. D., and chapters on cardiac diseases, by Samuel Wilkes, M. D. Two vols. Pp. 1040, 883. Philadelphia: P. Blakiston Son & Co. Chicago: W. T. Keener.

This work embraces the whole subject of practical medicine including skin diseases.

The first impression on reading the book is of the scholarship of the author; to this is soon added that of his fairness. He appears to have no hobbies, and studies every subject for its facts wherever they may lead. This is shown specially in the account of the later advances in pathology given in the first 124 pages of the book. No better summary of the existing state of pathological knowledge in the same compass exists, certainly of the state of knowledge at the date at which it was written. But the book is something more than a judicious summary of the ideas of others. Keen and original observations appear on every page. The chapter on lithæmia, for instance, is full of suggestions to an American reader, who usually has so little experience with gout that its slighter manifestations are liable to escape his observation.

But in this country, at least, it would have been of advantage if he had included in the chapter a differential diagnosis between this state and that of chronic malarial toxæmia, which it resembles so closely in many respects.

The book seems to have been largely the outgrowth of the author's experience, and in parts where his experience has been limited it is incomplete. This same subject of malaria, for instance, is in point. The article on ague describes the ordinary and more obvious forms of the disease, but is sadly defective in the more subtle manifestations. Civic malaria and chronic malarial toxæmia form a large part of the practice of physicians, in American cities at least, and in their more obscure manifestations are sources of perplexity to the skillful perhaps oftener than to the unskillful. But here, where to us the most help is needed, the book is silent.

In the chapter on cholera, few will agree with the author in any of the bearings of the statement that "almost the only morbid state which can be mistaken for cholera is that produced by the administration of arsenic." On the contrary the ordinary symptoms of acute arsenical poisoning are not those of cholera but of acute gastritis. Only in anomalous cases, mere medical curiosities, is there any resemblance to cholera.

The ordinary symptoms of tartar-emetic poisoning more nearly resemble cholera than do those o arsenical poisoning.

On the other hand, ordinary cholera morbus may resemble cholera so closely as to deceive the most experienced, as all the older physicians in this city can testify.

It is remarkable that this statement of the author should have escaped the attention of the editor, since the recent discussion over the comma bacillus has called special attention to this difficulty of diagnosis. Strümpel says, speaking of cholera morbus, "formerly the distiction from true Asiatic cholera was occasionally quite difficult, and only possible by a study of the important etiological facts and by demonstrating the connection of the single case with other cases of undoubted cholera." This statement is in perfect accord with American experience.

The article on laryngology is as good as could be expected in a work on general medicine, but the descriptions are not minute enough to enable one unacquainted with the use of the instruments to learn their use, and certainly are too elementary for the expert. And what is singular in an article of this kind, it is without illustration, which greatly impairs its usefulness.

The examples which have been given are a fair average of the whole book; it has great merit, with some deficiencies in minor points which perhaps the author would have supplied if he had lived to complete the work.

As to the style, one who was hypercritical might say it was too diffuse and sometimes monotonous; good for a lecture, where it is enlivened and emphasized by the voice and presence of the speaker, but for reading, somewhat in need of pruning.

It is entirely without illustrations. Their use would have saved both reader and writer much trouble.

The book is not an elementary one or of uniform excellence, but taken as a whole it is the best contribution which has appeared in English for some time. LESTER CURTIS.

THE REFRACTION OF THE EYE. A MANUAL FOR Students. By GUSTAVUS HARTRIDGE, F. R. C. S. With ninety-six illustrations. Third edition. Philadelphia: P. Blakiston Son & Co. Chicago: W. T. Keener.

This is a book of 240 pages, which, as its title indicates, treats of the refraction of the eye, with the kindred subjects, asthenopia and strabismus. Thirty-four pages are devoted to retinoscopy, which is well presented; and considerable space is devoted to strabismus and the forms of asthenopia. In general, the subject-matter discused is clearly stated, but considering that it is the third edition and that "the whole has been carefully revised, some chapters partly rewritten," such indefinite phrases as the following ought to have been improved: "When the eyes are completely at rest, the optic axes are either parallel or, more usually, slightly divergent. The angle thus formed between the visual and the optic axis is called the anglea, and varies according to the refraction of the eye," p. 39. Again, p. 41, "The nearer an object, the more we have to converge and so also with the accommodation."

The subject of retinoscopy is very fully presented. The type is clear, and the book is well illustrated.

OPHTHALMIC SURGERY. By ROBERT BRUDENELL CARTER, F. R. C. S., and WILLIAM ADAMS FROST, F. R. C. S. Illustrated. Philadelphia: Lea Bros. & Co. Chicago: A. C. McClurg & Co.

This is one of a series of clinical manuals for practitioners and students of medicine. In consists 554 pages of closely printed matter, and embraces the whole subject of ophthalmic practice, including the subject of lenses and the color-tests.

The print is not very clear, and the binding and general appearance of the book is scarcely up to the customary standing of books emanating from that well-known publishing house.

INTUBATION OF THE LARYNX. By F. E. WAXHAM, M. D. Pp. xii and 110. Chicago: Charles Truax. 1888.

This book contains a short account of the history of the operation, a clear description of the instruments as first used and as now modified, and their use. A chapter on the anatomy of the larynx; an enumeration of the author's cases, and Dr. O'Dwyer's 100 cases. It is well written, the illustrations are fair, many of them excellent, and it is well printed on heavy glazed paper.

A PRACTICAL TREATISE ON DISEASES OF THE SKIN, for the use of Students and Practioners of Medicine. Second edition, thoroughly revised and enlarged. Pp. xix and 676. By JAMES NEVINS HYDE, A. M., M. D. Philadelphia: Lea Brothers & Co. 1888. Chicago: A. C. McClurg & Co.

The profession, as well as the author, is to be congratulated upon the demand for a second edition of this excellent treatise. The opportunity which this has afforded for a thorough revision has been embraced, and this edition may be relied upon as accurately representing the present state of knowledge upon the subject of which it treats. To those who are familiar with the first edition, or who are acquainted with its author, more need not be said. But as there may be some who have neither privilege, to them it may be said that the book is, as its title claims, eminently a practical treatise. Its style is clear, its descriptions easily understood, and its arrangement systematic. It is concise and complete. If a student or practitioner can have only one book upon this subject, he can not do better than to have this one. E. W.

THE LAWS OF HEREDITY. By GEORGE WILLIAMSON, M. D. Pp. 383. 12mo. Chicago: H. W. Palmer, Lock Box 532. 1887.

The author seems to have been fully conscious of the importance of his subject, in its bearing upon the future of the human race. The views which he entertains are radical in the extreme, and are very clearly explained. He maintains that at the moment of its birth, a child possesses the germ, at least, of every trait, physical and mental, which it will or ever can possess, and that subsequent training can not materially modify them. He also thinks that a mother can control and modify these traits at will during her pregnancy. That is, that every child at birth is an exact reproduction of every pronounced and protracted mental condition of its mother during its intra-uterine life. It is upon this theory that he accounts for the very striking differences sometimes observed between children of the same parents. It is frankly admitted that this theory places a burden of truly awful and overwhelming responsibility upon the mothers of the race, but he says that there is no escape from it. He claims that the male parent exerts no influence whatever upon the child except through the imagination of the mother.

The discussion is carried very fully into a consideration of the personal and social questions which the theory involves.

It ought to have an index. But this can be corrected in a second edition, which it is to be hoped will be called for; since it is capable of a great deal of good. It can hardly fail to increase the well-being and happiness of any growing family in which it receives the attention which it merits.

E. W.

A MANUAL OF THE MINOR GYNÆCOLOGICAL OPERATIONS. By J. HALLIDAY CROOM, M. D. First American, from the second Edinburg, edition. By Lewis S. McMurtry, A. M., M. D. Pp. xii and 228. 12mo. Philadelphia: Records, McMullin & Co., Limited. 1888.

The American editor says that the book is intended to furnish the "student and practitioner a brief, simple, and practical account of the more common gynæcological operations."

It is all of this, and it is further proper to say that the additions to the text made in the American edition enhance the value of the book, which is, upon the whole, an excellent manual in its proper field.

BOOKS RECEIVED.

Essentials of Chemistry, etc. By. R. A. Witthaus, A. M., M. D.

The Year Book of Treatment for 1887.

A Compend of Human Physiology. By A. P. Brubaker, A. M., M. D.

A Manual of Diseases of the Nervous System. By W. R. Gowers, M. D., F. R. C. P.

The Surgical Diseases of the Genito-Urinary Organs. By E. L. Keyes, A. M., M. D.

Essays on Hysteria, Brain-Tumor, and Some other Causes of Nervous Disease. By Mary Putnam Jocobi, M. D.

Morrow's Atlas of Venereal and Skin Diseases. Fasciculi, 1, 2, 3.

Accidents and Emergencies. By Charles W. Dulles, M. D.

Ophthalmic Surgery. By R. B. Carter, F. R. C. S., and W. A. Frost, F. R. C. S.

Lesions of the Vagina and Pelvic Floor. By B. E. Hadra, M. D.

A Treatise on Dislocations. By Lewis A. Stimson, B. A., M. D.

A Practical Treatise on Diseases of the Skin. By James Nevins Hyde, A. M., M. D.

The Laws of Heredity. By George Williamson, M. D.

Dermatitis Venenata, an Account of External Irritants upon the Skin. By James C. White, M. D.

Clinical Atlas of Venereal and Skin Diseases. By Robert W. Taylor, M. D.

A Manual of the Minor Gynæcological Operations. By J. Halliday Croom, M. D.

Intubation of the Larynx. By F. E. Waxham, M. D.

Saint Bartholomew's Hospital Reports.

The Language of Medicine. By F. R. Campbell, A. M., M. D.

PAMPHLETS RECEIVED.

Chloroform the Best of Anæsthetics. By Julian J. Chisholm, M. D.

Pneumonia; its Mortality and Treatment. By Henry Hartshorn, M. D.

An Aseptic Atmosphere et al. By David Prince, M. D.

The Pulley Method of Advancing the Rectus. By A. E. Prince, M. D.

The Extraction of Cataract as Influenced by Mycological Development. By A. E. Prince, M. D.

The Legal Aspect of Suicide. By Hon. Wm. N Ashman.

Food Laws. By Henry Leffman, M. D.

The Neural and Psycho-Neural Factor in Gynecic Disease. By C. H. Hughes, M. D.

Infant Feeding, Especially with Reference to Subjects with Infantile Eczema. By L. Duncan Bulkley, A. M., M. D.

Clinical Notes on Pruritus. By L. Duncan Bulkley, A. M., M. D.

Fourteenth Annual Report of the Superintendent of the Cincinnati Sanitarium, 1887.

The Ischiatic Crutch. By A. B. Judson, M. D.

The Uses of Adhesive Plaster in Orthopedic Surgery. By A. B. Judson, M. D.

The Higher Medical Education. By R. O. Beard, M. D.

The Results of Laparotomy for Acute Intestinal Obstruction. By B. Farquar Curtis, M. D.

Abstract of Proceedings of the Michigan State Board of Health, Meeting of April 10, 1888.

Proceedings and Adresses at a Sanitary Convention held at Traverse City, Michigan, August 24 and 25, 1887.

Vesico-Vaginal Fistula. By Reuben A. Vance, M. D.

Heart and Blood Vessels in the Young. By A. Jacobi, M. D.

Stricture of the Urethra. By Henry J. Reynolds, M. D.

A New Method in the Treatment of the Vegetable Parasitic Diseases of the Skin. By Henry J. Reynolds, M. D.

ANNOUNCEMENTS.

CONGRESS OF AMERICAN PHYSICIANS AND SURGEONS.

PRELIMINARY ANNOUNCEMENT OF THE COMMITTEE OF ARRANGEMENTS.

This association will hold its first triennial session in the city of Washington, during the 18th, 19th, and 20th of September next. The meetings of the Congress will be held in the evenings, beginning at 8 p. m., and those of the societies composing the Congress will be held during the daytime, according to the programme each may respectively provide. The sessions will be open to the profession.

The Local Committee of Arrangements of the Congress has secured places of meeting for the Congress and each society in close proximity, so that the members of the respective societies can interchange attendance at pleasure without inconvenience.

It is the purpose of the Executive Committee of the Congress to print the programmes of all of the societies, provided copies be supplied on or before Angust 15.

The Local Committee requests the secretaries of the societies to forward the names of those of their invited guests who have accepted their invitations, designating them as foreign and American.

The Committee of Arrangements is composed of one member of each society represented in the Congress, as follows:

Samuel C. Busey, Association of American Physicians, Washington.

J. Ford Thompson, American Surgical Association, Washington.

R. T. Edes, American Neurological Association, Washington.

E. C. Morgan, American Laryngological Association, Washington.

W. W. Johnston, American Climatological Association, Washington.

I. E. Atkinson, American Dermatological Association, Baltimore.

A. Sidney Roberts, American Orthopedic Association, Philadelphia.

H. Newell Martin, American Physiological Society, Baltimore.

Samuel Theobald, American Ophthalmological Society, Baltimore.

S. O. Richey, American Otological Society, Washington.

A. T. Cabot, American Association of Genito-Urinary Surgery, Boston.

Inquiries may be addressed to the Chairman, Dr. Busey, at Washington, or to the representative member of each society on the committee.

The Committee of Arrangements of the American Gynæcological Society, which will hold its next annual meeting in Washington at the same time, is composed of Drs. S. C. Busey, J. Taber Johnson, and A. F. A. King.

MEDICAL CONGRESS IN SPAIN. — The *Independencia Medica* states that a Medical Congress will be held at Barcelona from the 9th to the 15th of September, in connection with the Universal Exhibition which is shortly to be opened there. Among the subjects for discussion are the following: Measures to be taken by the state for the prevention and cure of blindness, and for the improvement of the condition of the blind in Spain; present state of leprosy in Spain, and how to prevent it from spreading; indications for surgical interference in intestinal obstruction; identity or difference of scrofula and tubercle; localization of lesions in diseases of nervous centres; application of hypnotism and "suggestion" to the treatment of nervous affections; micro-organisms in mineral waters, their influence on the chemical constitution, and therapeutic effects thereof; laparotomy as an exploratory measure in penetrating wounds of the abdomen (more especially gunshot wounds); antiseptic midwifery; etiology and prophylaxis of cholera and yellow fever. A Pharmaceutical Congress will meet at the same time.

An International Exposition of Hygiene and Life Saving and Preserving Apparatus will be opened in Ostend, Belgium, on June 3.

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The NATIONAL DRUGGIST says: American medical, pharmaceutical, and trade journals, usually keen to detect a hidden advertisement in communications recommending new drugs and preparations when the same emanate from home sources, throw caution and ordinary business sense to the winds when it comes to recommending and puffing the very same class of merchandise bearing a foreign name and recommended by foreign authority. The success of one or two German chemicals, the products of synthesis, opened the doors for a flood of antiseptins, antifebrins, antipyrins, and other "antis" ending in "ol" or "in." They come to us covered all over with patents—patents covering the names, the process of manufacture, the ingredients (save those which are kept absolutely secret), the modes of dispensing, the package, the label—in short everything that a patent can be made to cover. In a word, they are patent medicines in the very widest and strictest sense of the term; and yet they are received with enthusiastic welcome by press and practitioner, and are given gratis and gladly, advertisments that money could not purchase for a home product, even though ten times more valuable and not one-tenth so much patented.

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tising for an American medical journal, answered very curtly that "THEY DIDN'T HAVE TO ADVERTISE THEIR ARTICLE. THEY GOT ALL THE ADVERTISING THEY WANTED, FOR NOTHING, IN THE SHAPE OF LAUDATORY COMMUNICATIONS IN THE READING MATTER OF THE MEDICAL JOURNALS"; which was true, every word of it, and that in spite of the fact that it was a patent medicine. THE VERY JOURNAL FOR WHICH THE AGENT WAS SOLICITING, AND IN THE VERY COPY WHICH HE CARRIED AS A SPECIMEN, CONTAINED NO LESS THAN SIX LAUDATORY NOTICES OF THE DRUG IN QUESTION—ONE OF THEM A COMMUNICATION COVERING SEVERAL PAGES AND HERALDING ITS VIRTUES IN ALMOST EVERY KNOWN FORM OF DISEASE.

Per contra, the same journal had enjoyed for years a handsome revenue from the advertisement of a reputable proprietary medicine house of this city, but had persistently refused to admit within its reading matter a little notice commendatory of one of its specialties, the formula for which was printed on every bottle.

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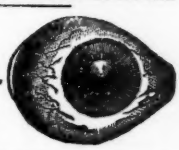

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